EAUN Guidelines Manual

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Date of original production and updates	**Authors / Most relevant updates**
2023	Robert McConkey, Corinne Tillier, Susanne Vahr, Franziska Geese Updates of manual: - Structure of EAUN Guideline Group, Roles, and Responsibilities - Grades of recommendations - Appendices: 1. 1. Example Activities and time-lines guidelines development
2013	Veronika Geng, Hanneke Lurvink, Karin Plass, Susanne Vahr (Original production)

1. Introduction

1.1. History

The European Association of Urology Nurses (EAUN) declared their aim to produce guidelines for the field of urology nurses in 2004. The first guideline was published in 2005 – 'Good Practice in Health Care – Urethral Catheterization – male'. Since then, many guidelines have been produced covering a broad range of urology practice. In 2009, the EAUN decided that the development of new clinical practice guidelines and the updating of existing guidelines would take an evidence-based approach. As such, the name of the series was changed from 'Good Practice in Health Care' to 'Evidence-based Guidelines for Best Practice in Urological Health Care.'

In 2022, the EAUN Board underwent restructuring which resulted in the creation of the EAUN Board Subgroups. The EAUN Guidelines Subgroup are responsible for coordinating the implementation of the necessary structures and processes outlined in this manual to successfully deliver up to date evidence-based guidelines.

1.2. Clinical guidelines development and updating

The aim of nursing guidelines is to help nurses and health care professionals to make practical and clinical informed decisions about their patients, keeping in mind that guidelines present data that generalise and may not be applicable to individual patient situations. Guidelines are not intended to supersede professional judgement, and adherence to a guideline does not guarantee outcome. Healthcare professionals must make their own decisions about care on a case-by-case basis, using their clinical judgement, knowledge, and expertise, and after consultation with their patients. Guidelines translate best evidence into practice, aiming to promote quality healthcare and discourage potentially harmful or ineffective interventions.

Clinical practice guidelines are statements that include recommendations intended to optimise patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options. To be trustworthy, guidelines should

- be based on a systematic review of the existing evidence.
- be developed by a knowledgeable, multidisciplinary panel of experts and representatives from key affected groups.
- consider important patient subgroups and patient preferences, as appropriate.
- be based on an explicit and transparent process that minimises distortions, biases, and conflicts of interest.
- provide a clear explanation of the logical relationships between alternative care options and health outcomes.
- provide ratings of both the quality of evidence and the strength of the recommendations.
- be reconsidered and revised every 3 years or earlier when appropriate if new evidence warrants modifications of recommendations (National Academy of Sciences).

1.3. How to use this manual

The aim of this document is to describe the guidelines production process and clarify the roles and expectations of all those involved in this process. It should be a practical resource promoting a systematic approach to guidelines development. When this manual is used to produce a guideline, the Appraisal of Guidelines for Research and Evaluation (AGREE) AGREE II standards will be followed. Also, the guideline will meet the National Guideline Clearinghouse (NGC) inclusion criteria dated June 2013 (see appendix 6).

1.4. Updating of this manual

This publication will be subject to continuous revision and should be considered an evolving project every 5 years. This manual has most recently undergone update and revision in 2023. We welcome comments on its content, which can be directed to:
EAUN coordination eaun@uroweb.org

2. Roles and responsibilities of all involved in the production of EAUN Guidelines

2.1. Responsibility in the EAUN Board for Guidelines

The EAUN Board Guidelines Subgroup sits within the EAUN Board and is made up of at least two current EAUN board members (See Figure 1). They have overall responsibility in supporting guideline panels and ensuring that EAUN Guidelines are developed when needed or updated when required. The role of the subgroup is to support the guideline panels in their work. The Special Interest Group (SIG) aligned to a particular guideline is centrally involved in the process and the EAUN Board Guidelines Subgroup will assist in coordinating the process.

Patient involvement in the guideline
The views and preferences of the target population (patients, public, etc.) will be sought, but depending on the target user of a particular guideline, they may be involved in the guidelines working panel or the reviewer group (Agree II).

2.2. Chair, Vice-Chair, and guideline panel members

2.2.1. Chair of the guideline panel

The EAUN Board Guideline Subgroup proposes the Chair of a guideline panel. Initial selection is based on proven excellence in writing evidence-based guidelines, experience in the field of the guideline, as well as organisational and leadership skills. Taking on this position involves a substantial commitment of time.

2.2.2. Vice Chair of the guideline panel

The guideline panel chair, together with the guideline panel members, can propose a Vice Chair.

A Vice Chair is appointed to:

1. Assist the Chair with all his/her tasks.
2. To replace the Chair in case of sickness
3. Facilitate ongoing leadership development and succession planning.
4. Nominate panel members for further chair activity.

2.2.3. Guideline panel members

Panel members may include nurse specialists, nurse scientists, urologists, or other relevant stakeholders.

Guideline panel members are selected primarily based on their scientific and clinical expertise, and their willingness to invest considerable time and effort in the production of clinical guidelines.

When a decision to draft a new guideline, or update an existing guideline is made, an invitation and application for guideline panel members will be distributed to the EAUN membership via email. The Chair and the EAUN Board Guidelines Subgroup will select panel members based on the criteria outlined above. Selection is not definite until the Conflict of Interest (COI) is evaluated.

No strict rules apply for the total number of panel members involved in the production of a single guideline. For narrower focus topics, a minimum number of five expert panel members seems reasonable, so that a balanced input can be maintained. To work with more than nine people would be difficult. If there is a large interest in working in a guideline panel for a specific topic it could be an alternative to send the people who are not involved in the writing process the draft for a review.

An additional consideration is that a representative geographical distribution should be maintained. EAUN Guidelines are European guidelines and presenting a well-balanced coverage of the topic discussed is a crucial quality indicator. Appropriate international representation also has a significant impact on implementation and acceptance. However, expertise and competences take precedence over geography.

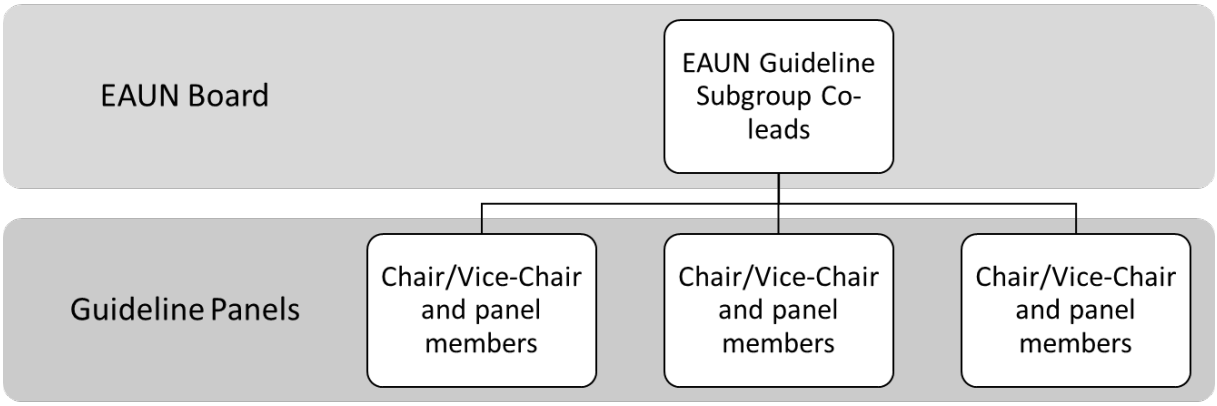
Guideline panel members do not need to be nurse specialists. For each subject area, decisions are made on a case-by-case basis as to which expertise is needed to address a given topic most effectively. All relevant specialties, other than urology, should be considered in this process.

Guideline panel participation, for which no financial compensation is provided, involves a significant commitment and investment of time. The result of the work done by the expert panels is well-received by the members of the organisation, and most guideline panel members consider their participation in the EAUN guidelines rewarding.

All Guideline panel members are required to submit potential COI information. A policy of confidentiality regarding any guideline document or guideline panel discussion applies until final publication of all documents. Being a member of the EAUN or EAU is not a requirement to be involved in a guideline panel.

The guideline development panel includes individuals from all relevant professionals. (Agree II)

Figure 1 Structure of the EAUN Guideline Group



2.3. Roles and responsibilities

2.3.1. EAUN Board Guidelines Subgroup Lead / Co-leads

Roles and responsibilities:	
1.	Set future goals and establish priorities for the strategic development of the guidelines project
2.	Implement structures by collaborating with the EAU Guideline Office regarding educational preparation for guideline chair/ vice-chair, patient involvement
3.	Oversee, monitor, and support the production process together with Guideline panel Chair and Vice-chair regarding timeline management, methodology, quality, implementation, and promotion.
4.	The EAUN Board Guidelines Subgroup Co-leads may seek external specialist support when needed.
5.	Together with the Guideline panel chair and vice chair, liaise with EAU Marketing & Sales department for actively seeking sponsors or educational grants to support the guidelines development or update.

2.3.2. Chair and Vice-Chair of the guideline panel

Role and responsibilities:	
1.	The chair/vice chair has overall responsibility for the guidelines development/ update process and the related manuscript. - In addition to the 3-yearly update, a guideline may be updated considering practice changing developments or emergent evidence (please consult section 9.3 on literature handling for updates).
2.	Together with the EAUN Guidelines Subgroup Co-leads, liaise with EAU Marketing & Sales department for actively seeking sponsors or educational grants to support the guidelines development/update.
3.	Collaborate with EAUN Coordinator to send an email to invite past guideline panel members in the name of the panel Chair and the EAUN and recruit further panel members if needed. (Use email invitation template)
4.	Inform accepted and rejected candidates in a timely manner by email based on; • Application forms • Conflict of Interest • Copyright transfer agreement (Appendix 8) • Disclosure statement (Appendix 9)
5.	Maintain overview of the guideline project, including the following aspects to provide the primary direction for the work of the panel and discuss with the EAUN Board Subgroup Co-leads. Content to include:

	• Describe scope of the guideline to define what will and will not be covered and refine if necessary. • Project plan and timeline: describe guideline development steps; define panel meeting dates, and milestones. Adhere and implement the agreed-upon production methodology (responsible for the evidence base and literature identification)
6.	Oversee and monitor the guideline production process together with EAUN Guideline Subgroup Co-leads, regarding timelines and quality
7.	Data handling, e.g., extraction and production of overviews/charts, update reviews, and create and maintain a reference list (e.g., by Endnote, Zotero, etc).
8.	Maintain effective communication with guideline panel members, EAUN Board Guidelines Subgroup Co-leads and office staff.
9.	Guideline Panel meetings: - Chair meetings and ensure that agendas are prepared and shared with the panel members. - Provide minutes and share with the EAUN Board Subgroup Co-leads and EAUN Coordinator to promote close collaboration
10.	Liaise with other guideline panels and external advisors.
11.	Collaborate with the EAUN Coordinator to interface with media and assist by assessing press releases when the guideline is published.

The Vice Chair, or in a guideline panel where no Vice Chair has been appointed, a guideline panel member can assist the Chair and/or represent the guideline panel at meetings in case the Chair is not available.

2.3.3 Guideline panel members

Roles and responsibilities:	
1.	Maintain confidentiality.
2.	Effectively communicate with the Chair, Vice Chair, and office staff (respond to emails in a timely fashion) and inform about time restraints.
3.	Make themselves available within a reasonable time frame for meetings and videoconferences.
4.	Contribute by - Actively participating in meetings and conference calls (e.g., communicate constructively to discussion at meetings, evidence acquisition, grading articles, drafting recommendations, and reviewing the manuscript) - Performing the tasks assigned (e.g., write the assigned part of the guidelines text within the set timeline and topics) - Create flowcharts, diagrams and care plans

	- Provide timely comments to the reviewers - Follow instructions and assist with all tasks as determined by the Chair/Vice Chair
5.	Address competing interests of guidelines development panel members in the meetings (and make sure they are recorded in the minutes if deemed necessary).
9.	Guideline panel members can only publish articles about the guideline after the official publication by the EAUN and after approval by the Chair of the guidelines panel. The central office should always receive a copy on submission

2.3.4 Patients

Roles and responsibilities:	
1.	Maintain confidentiality.
2.	Have relevant experience of the condition and the issues that matter to people with that condition.
3.	Have the time and commitment to attend the guideline panel meetings.
4.	Have the willingness to reflect on experiences of a group of people with a condition relevant to the guideline topic through patient organisations/self-help groups and to share this knowledge with the guideline panel.
5.	Actively collaborate and perform the tasks assigned and communicate constructively (e.g., discussion at meetings, do background reading and reviewing the manuscript, but not judging literature or making recommendations)

2.3.5 EAUN Coordinator / Office staff

Roles and responsibilities regarding administrative tasks	
1.	Maintain confidentiality
2.	Coordinate organisational aspects such as the personal guideline panel meeting, send the link for the virtual conference calls, create letters for sponsoring companies, guideline printing and shipping, update finance overview)
3.	Collaborate with guideline panel Chair to invite past guideline panel members by email to apply for a new guideline topic or update in the names of the panel chair/vice chair. (Use email invitation template)
4.	Send the following relevant documents to the guideline panel applicants and request its signature within a set time frame. • Application forms • Conflict of Interest • Copyright transfer agreement (Appendix 8) • Disclosure statement (Appendix 9)

5.	Organise and attend the live meeting.
6.	Prepare the document share system Covidence by uploading abstracts and full text articles
7.	Support the guideline panel members resolving issues such as; • Technical needs • Illustration source and quality • Copyright and licenses • Interact with other organisations: e.g., guidelines producers, national associations, members, journals, and companies
8.	Support the production of the guideline manuscript; • Maintain standardised layout and format for guideline manuscripts • Send guideline manuscript to medical writers at the editing stage • Coordinate editing by medical writer, typesetting, and printing
9.	Promote guideline publication through; - Distributing the guideline, e.g., amongst guideline project members, sponsors, EAUN members, EAU executive. - Updating EAUN web page, media, etc.
10.	Special project management (e.g., annual meeting activities, and post-congress logistics)

3. Declaration of potential Conflict of Interest (COI) (see Appendix 7)

All those involved in EAUN scientific activities are obligated to disclose potential COI information. This can be done online through the society website (www.uroweb.org). The EAUN office staff are responsible for the appraisal of all potential COI information. Initial assessment of COI information provided by guideline panel members is the responsibility of the guideline panel chair. For scientific publications, this COI information is provided to the publisher.

4. Independency of the content

The views of the funding bodies have not influenced the content of the guideline. (Agree II)

5. Copyright

The EAUN holds the copyright for all EAUN guidelines. The EAUN allows free once-only re-publication by national urological societies. Commercial re-publication is not allowed. For more information on copyright and usage restrictions, see:
EAU Guidelines Citing, Usage & Republication - Uroweb

6. Guidelines production process

The purpose of clinical guidelines is to enhance clinical decision making; therefore, the emphasis is on the development of recommendations. The inclusion of levels of evidence and grades of recommendation aims to provide transparency between the underlying evidence and the recommendations made, so that nurses can assess how much confidence he/she can place in such a recommendation.

6.1. Definition of the subject (disease/condition/procedure)

The content of a guideline should be explicit from its title. However, any limitations should be stated and, if necessary, explained.

An introductory section should explain the purpose and scope of the guideline as well as the methodology used. The chair could get some assistance in providing this information from the EAUN office. A list of standard requirements is available (see Appendix 5).

1.	The overall objective(s) of the guideline is (are) specifically described.
2.	The health question(s) covered by the guideline is (are) specifically described.
3.	The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.
4.	Cost-effectiveness in studies across Europe are not comparable and will not be addressed in the guideline.

(From: Agree II)

6.2. List the sub-topics to be included.

These usually form the subheadings (chapters) of the guideline. The exact outline is dependent on the guideline subject. A general outline may be:

1.	Introduction
2.	Role of the nurse
3.	Methodology
4.	Terminology / definitions
5.	Principles of Management
6.	Indication / contraindication including epidemiology and complications (short- and long-term).
7.	Clinical assessment
8.	Interventions

9.	Patient Information / education
10.	Documentation
11.	If relevant: quality of life
12.	Research and future directions: this may be a discussion section, or a list of recommendations for future research based on gaps in the existing literature, identified during the guidelines production process.
13.	For every section throughout the document, the target population will be clearly identifiable. Also, care is taken that the conclusion and recommendation sections are entirely unambiguous in this respect.
14.	Appendices with checklists, procedures, flowcharts, forms, product examples
15.	Abbreviations
16.	About the authors
17.	Reference lists (figures and articles)

A care pathway exercise can be helpful in defining the scope of the guidelines. Basic information on this process is available.

6.3. Methodology

1.	Systematic methods were used to search for evidence.
2.	The criteria for selecting the evidence are clearly described.
3.	The strengths and limitations of the body of evidence are clearly described.
4.	The methods for formulating the recommendations are clearly described.
5.	The health benefits, side effects, and risks have been considered in formulating the recommendations.
6.	There is an explicit link between the recommendations and the supporting evidence.

(From: Agree II)

Requirements – limitations and considerations:

1.	Searches focus on English language papers (original or translated) from peer-reviewed journals. ((If guideline panel members are native speakers of other than English, then papers in those languages may also be relevant)
2.	Main databases to consult are: Medline (PubMed) Embase CINAHL Cochrane library of randomised controlled trials (RCTs) Google Scholar to verify the search
3.	Searches are build based on clinical questions (e.g., PICO), care pathways and keywords and Mesh terms (Appendix 3.
4.	The use of abstract-only publications as references is discouraged. *Graded recommendations cannot be supported by abstracts only, although abstracts can be part of the supporting body of text (alongside higher-level evidence).*
5.	Identification of all available level 1 papers (RCTs and meta-analyses of RCTs) is required.
6.	For RCTs and other high-level papers, rejection/inclusion criteria are to be recorded.
7.	When sufficient level 1 papers are found to answer the clinical questions, no lower-level publications need to be looked for.
8.	It is unlikely that point 7 will be fulfilled for a considerable portion of the topics discussed within the Guidelines panel; therefore, lower-level evidence will need to be identified.
9.	The choice of literature is guided by the expertise and knowledge of the Guideline panel Chair and Guideline panel member.
10.	Guideline panel Chairs can contract the expertise of a research librarian from their own or an institution or a guideline panel member if this is helpful. The EAUN will reimburse any costs following prior discussion and approval.
11.	Search strategies should be included in the guidelines (as an addendum/or online). When a research scientist has conducted searches, he/she will make those available for this purpose. All search histories are retained on file as the basis for future updates. Also, in cases where support from local information scientists has been contracted, or searches have been conducted by guideline panel members, search information should be made available.

	Search information should include databases consulted, time periods, key words, subject headings, any restrictions (e.g., patient groups and sex), number of papers identified, filters, algorithms, and inclusion/exclusion criteria.
12.	It should be clear that search strategies for completely new topics may be complex and need to address all clinical questions covered by the guideline topic.
13.	Search strategies available through other guidelines producers or other scientific organisations may be helpful (e.g., Cochrane, NICE, etc.).
14.	Cost assessments: Formal cost assessments, considering the geographical area covered by the EAUN Guidelines, are currently beyond the means of the EAUN. Where information exists, it should be included in the guidelines documents. Where two treatment modalities of similar efficacy exist, but costs differ, this can be pointed out.

PICO: The Four-Part Clinical Question

Directly relevant to the care of the patient and our knowledge deficit.

Each PICO should include a description of the PICO, a summary of the study inclusion and exclusion criteria, and the search strategy.

Contains the following elements:

- PATIENT or PROBLEM being addressed.
- INTERVENTION or exposure being considered.
- COMPARISON intervention or exposure, when relevant
- OUTCOME of (patient important) interest.

A structured and unbiased literature search, based on key words and PICO's aiming to identify the best evidence available, is a crucial step in the production process. A research scientist is available to assist in identifying relevant literature.

Evidence hierarchy

The highest standard of studies is a meta-analysis of several randomised controlled trials.
It is a statistical technique combining the results from studies which are comparable.
The next step is the randomised controlled study with good quality study design. The evidence hierarchy is shown in the table of evidence level. See page 19.

6.4. Data handling

1.	When assessing results of data searches, a record should be kept of inclusion and exclusion criteria and numbers of included and excluded studies.
2.	Initial selection is based on the abstract only. When in doubt, the scientific paper is included, and the full paper consulted.
3.	The decision on which papers to include is taken by the chair and other selected panel members
4.	The full texts are retrieved for all selected publications and made available to the guideline panel.
5.	Panel members are assigned papers related to the subtopic(s) they will address and asked to assess the papers and record their assessment in an excel file (the EAUN Guidelines Reference Evaluations file)
6.	Dual review is advised
7.	Requirements regarding data recording.
8.	Assess methodological quality (1–4). Assessment of methodological quality differs according to types of studies. Please note that even though the findings presented in a paper may look good, serious methodological flaws may preclude inclusion in the guidelines manuscript.
9.	Clinical data. Extraction should focus on the clinical question addressed to ensure standardisation of key findings within one topic.
10.	Before any data recording, the expert panel should discuss and decide on key findings looked for.
11.	For each paper, a summary of findings, comprising of a methodological assessment and clinical data is to be produced. These summaries form the basis of the recommendations made by the guideline panel members.
12.	The Reference Evaluations file for recording is on the Covidence management system

6.4.1. High quality data from other sources

A number of organisations post quality evidence summaries online:

- Cochrane: http://www.cochrane.org/cochrane-reviews
- National Institute for Health and Clinical Excellence (NICE): https://www.nice.org.uk/guidance
- US Agency for Healthcare Research and Quality (AHRQ): http://www.ahrq.gov/clinic/epcindex.htm
- Review data produced by the Aberdeen Cochrane Centre (through their charity UCAN) on a number of oncological topics will be shared with the relevant guidelines panels.
- American Urological Association https://www.auanet.org/guidelines-and-quality/guidelines
- National Comprehensive Cancer Network https://www.nccn.org/guidelines/category_1Guidelines International Network (G-I-N) http://www.g-i-n.net/ (full text document, membership required).

If these sources are used, original articles must be the reference unless a meta-analysis has been made.

6.5. Text presentation

The recommendations are specific and unambiguous.
The different options for management of the condition or health issue are clearly presented.

Each chapter/subchapter should be concluded by a summary of boxed, graded recommendations. Key statements/evidence summaries can be listed, including a level of evidence.

Uniformity is strived for; care should be taken to avoid expanding on guidelines documents indefinitely, where a textbook format is created. Use of tables and flowcharts is helpful in presenting information and keeping texts more concise.

Texts submitted for publication are edited and reformatted, if needed, to comply with the standard publication format. All queries flowing from the editing process are initially sent to the Chair of the Guideline panel. Accuracy of the contents of the Guidelines is the responsibility of the Guideline panel.

Text presentation – key points

1.	Avoid lengthy discussions
2.	If possible, use tables to present data; certainly when presenting data from multiple studies
3.	The use of flow charts is helpful for readers
4.	Distinguish clearly between summaries and recommendations
5.	Summaries should have a level of evidence included and can be a statement of findings/facts considered of relevance
6.	Recommendations should be action based, prompting the readers to take action
7.	Recommendations should be graded

Flow charts – key points

1.	Clearly label the flowchart – the title should inform about the process
2.	Strive for uniformity of flowcharts within one guideline
3.	Logical direction of a flowchart is top to bottom, left to right
4.	Avoid excessive details
5.	Use active verbs where action is to be taken
6.	Flowcharts should be a logical extension of the text
7.	Flow charts present an additional/visual tool for the readers (not present new information)
8.	Do not allow for different scenarios (show the big picture, otherwise produce a second chart)
9.	Credit your readership with intelligence but avoid ambiguity!

6.6. Authorship

All full guideline panel members who have contributed to a published text (update) will be listed as authors on the title page of the document. Unless otherwise decided, standard listing is, Chair first, followed by authors in alphabetical order. Experts are credited in the methodology section and/or with a footnote in the document itself.

Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data. Here meaning grading articles 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3. (https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html). In case of any disputes, the EAUN Board can be called upon to referee.

7. Levels of evidence and grades of recommendations

Including levels of evidence and grades of recommendations in the guidelines aims at providing clinicians with a clear frame of reference by which to rate the statements and recommendations made. Providing transparency between the underlying evidence and a recommendation made, allows users to judge the validity of the statement made, which should enhance confidence in the quality of the guidelines.

The EAUN has decided to use modified level of evidence/grade of recommendation tables from the Oxford Centre for Evidence-based Medicine Levels of Evidence (modified March 2009) (1) in accordance with the EAU Guideline Office[9].

Level of evidence[1]

Level	Type of evidence
1a	Evidence obtained from meta-analysis of randomised trials
1b	Evidence obtained from at least one randomised trial
2a	Evidence obtained from one well-designed controlled study without randomisation
2b	Evidence obtained from at least one other type of well-designed quasi-experimental study
3	Evidence obtained from well-designed non-experimental studies, such as comparative studies, correlation studies and case reports
4	Evidence obtained from expert committee reports or opinions or clinical experience of respected authorities

Recommendation should be graded as either “strong” or “weak” and justified by using the strongest, clinically relevant data. It is important to point out any flaws in the evidence used to support any given recommendation. The panel can also make a recommendation AGAINST performing a certain action.

It should be noted, however, that when recommendations are graded, the link between the level of evidence and grade of recommendation is not always immediately apparent. Availability of RCTs may not necessarily translate into a “strong” recommendation where there are methodological limitations or disparity in published results.

Alternatively, absence of high-level evidence does not necessarily preclude a “strong” recommendation if there is overwhelming clinical experience and expert consensus. Also, in case the benefit/harms balance is strongly in favour of a given intervention. In addition, there may be exceptional situations where corroborating studies cannot be performed, for ethical

or other reasons, and in this case, unequivocal recommendations are considered helpful for the reader. The quality of the underlying scientific evidence – although an important factor – must be balanced against benefits and burdens, values and preferences, and cost when a grade is assigned.

From 2018 onwards, the EAU Guidelines have been using a modified Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach for the grading of recommendations. To allow for a transparent assessment of how recommendation statements have been developed, a Summary of Evidence (SOE) table will be provided for each recommendation within the guidelines, which will address a number of key elements:

1. The overall quality of the evidence which exists for the recommendation,
2. The magnitude of the effect (individual or combined effects),
3. The certainty of the results (precision, consistency, heterogeneity and other statistical or study related factors),
4. The balance between desirable and undesirable outcomes,
5. The impact of patient values and preferences on the intervention, and
6. The certainty of those patient values and preferences.

These key elements in the SOE tables are the basis, which panels use to define the strength of each recommendation. Panels can provide both 'strong' and 'weak' recommendations 'for' or 'against' recommending, an action based on the information found in the SOE tables. The strength of each recommendation is determined by the balance between desirable and undesirable consequences of alternative management strategies, the quality of the evidence (including certainty of estimates), and nature and variability of patient values and preferences.

Under this system, each recommendation will have a corresponding 'Recommendations Worksheet' which will be available online for all users of the Guidelines to access (see appendix 11).

Summary key points

1.	When phrasing a recommendation, it must be actionable: what action do you expect from the nurse? A recommendation can be made AGAINST an action.
2.	The total evidence base, level of evidence (quality of the studies) as well as the number of studies affect the grade of recommendation. As does the uniformity of study findings.
4.	Take into consideration the potential clinical impact of the recommendation made
5.	Are the findings from the scientific data relevant for the population for whom the recommendation is made (generalisability)?

6.	It is possible to give a strong recommendation based on weak evidence (e.g., accepted practice with no evidence, extrapolation of management from other situations, common sense, and laws of nature)
7.	Recommendations must be recognisable as such; avoid hiding recommendations in the supportive text.
8.	It is possible to make statements and link an evidence level to those statements (for example, in summary overviews)
9.	Statements and recommendations must have a logical link to the supporting text
10.	Patient views and preferences

7.1. Phrasing of recommendations (5)

Recommendations should be quality driven and propose actions that will improve quality of care.

These actions include, but are not limited to:

- Promoting appropriate care.
- Improving recognition.
- Avoiding unnecessary tests or interventions.
- Improved coordination of care.
- Improved patient safety.
- Reducing variations in care.

Since the aim of recommendations is to influence the behaviour of a clinician in a given situation, recommendations should be actionable (inform readers what to do) using unambiguous language.

An ideal recommendation describes:

- When → under what specific conditions should the recommendation be implemented
- Level of obligation → this is linked to the grade of recommendation.
- Do what → precisely what action/s should be implemented.
- To whom → specifically who the recommendation should be implemented on

Aim for consistency and thereby increase the likelihood of compliance throughout the document to:

- Promote understanding.
- Recognition
- Clarity

Recommendations should be precise. The supporting text, which precedes the recommendations, should amplify why the recommendation is important and how it is to be conducted (present a summary of all supporting data). Furthermore, the recommendation

should reflect the degree of obligation linked to the intervention. In cases where multiple interventions are equally effective, identical phrasing should be used.
Correctness and completeness of recommendations are checked using the AGREE II tool.

7.2. Implementation

- The guideline describes facilitators and barriers to its application.
- The guideline provides advice and/or tools on how the recommendations can be put into practice.
- The guideline presents monitoring and/or auditing criteria.

8. Description of the guidelines peer review process

The aim is to ensure peer review of all guidelines material produced prior to publication.

In line with the EAU guideline manual, a minimum of 3-4 international expert reviewers are invited to review each document. Furthermore, where applicable, a representative from patient advocacy groups will be included as a lay reviewer.

The guideline panel members are to provide timely comments to the reviewers. The EAUN Coordinator is responsible for all logistics linked to review.

9. After completion of the guideline

9.1. Scientific paper production

Upon completion of the review process, a scientific paper will be produced by a panel member and submitted for publication. Submission of the scientific publication is the responsibility of the Central Office staff.

9.2. Updating guidelines

As a rule, updating should take place no less frequently than every 3 to 4 years.
As experts in their field, guideline panel members will be aware of all significant new publications warranting updates. Significant new publications are those that:

- Cover a new topic that has not been discussed before, is pertinent to the guidelines topic, and which will directly affect patient care.
- Provides information that changes existing insights and recommendations; this could relate to content, or the grade assigned to it.

Care must be taken to avoid only updating existing topics and focus solely on the structure of the latest version of the document, where new developments may not be considered.
Validation of the guidelines is determined based on an annual scoping search. After panel

assessment, guidelines texts not subject to changes should include a notice stating currency and validity of the data presented.
Stakeholders' feedback can also prompt updating the EAUN Guidelines.

9.2.1. Data Identification for guidelines updates

1.	Update searches should be limited strictly to the time frame covering the cut-off date of the latest guidelines publication search and today.
2.	Expert panel assistance is crucial in focusing searches to assess relevance of existing strategies (EAUN and other organisations).
3.	Initially, searches should focus on identification of all level 1 papers (RCTs, meta-analyses of RCTs).
4.	If sufficient level 1 papers are found to answer the clinical questions, no lower-level publications need to be consulted.
5.	If this is not the case, lower-level evidence should be identified but limited to prospective studies. Retrospective studies should be excluded.

10. Logistics and other practical matters

10.1. Guideline meetings (logistics)

10.1.1. Frequency and scheduling of meetings

The number of Guideline meetings required may vary and is decided by the chair of the guideline panel in collaboration with the EAUN Coordinator.

Suggested standard meeting schedule for panels in the process of writing a guideline would be three virtual meetings and one live meeting per year to achieve the progress. The agenda for the various meetings will also depend on scope and extent of a guideline; for an average complete guideline, up to three virtual meetings may then needed:

- One initial meeting to discuss division of labour and any other relevant topics (provide instructions to the research scientist to develop search strategies)
- Second meeting to discuss results and findings and develop recommendations.
- A third meeting to discuss and finalise material prior to print. (See table Appendix 2).

Guideline panels are encouraged to schedule their meetings to coincide with other (large) urological events where most panel members will already be present (i.e., EAUN annual meetings) or during specialty section meetings. For such meetings reimbursement of travel costs will not apply (see below). For room bookings and other logistical requirements office staff is to be consulted.

10.1.2. Attendance

Guideline panel members are expected to attend all the guideline panel meetings. In case he/she is unable to participate, notification of the guideline panel chair/staff is expected. The chair can request that any assigned activities are made available in a timely fashion. In case of non-availability there is the option to schedule a telephone/video conference allowing the missing guideline panel member to contribute.

Panel members who are unable to fulfil their commitment to the process of guideline development or updating may be requested to vacate their position on the panel.

10.2. Logistical support

Logistical support (if required) will be provided by the EAUN Office. This relates to:

1. Hotel and meeting room logistics (IT requirements)
2. Flight arrangements
3. Any meals

10.2.1. Hotel bookings

The EAUN Office will confirm any hotel bookings in a timely fashion ahead of the meeting. Incidentals such as minibar, telephone calls and other personal expenses are not reimbursed and will be charged to the Guideline panel member by the hotel directly (credit card deposit). Exceptional circumstances may apply which will involve prior consent of the EAUN Board/office staff.

10.2.2. Travel arrangements

Flights will be booked based on economy fare, reimbursement of costs in case a guideline panel member arranges his/her own travels will also be based on economy fare. A standard EAUN reimbursement form is to be used. Train tickets will be reimbursed based on economy 2 class fare. Car travel will be reimbursed Euro 0.21/km (Euro 0.32/mile).

10.2.3. Lunches/meals

The EAUN will arrange for drinks, snacks, lunch, and dinners during meetings.
All other reimbursable expenses (travel costs) when traveling for the EAUN must be listed on your reimbursement form. Sustenance during travel is not reimbursed. Original receipts are to be sent along when the reimbursement form is submitted to the EAUN Coordinator. Scans of the receipts are also acceptable.

10.3. Honoraria

No honoraria or reimbursements are provided related to guideline panel membership (except for meeting attendance reimbursement)

In case of a Chair/panel wishing to contract assistance elsewhere (for any activity - literature support, writing support, etc.) a prior request is to be sent to the EAUN Office providing an estimate of the costs involved.

10.4. Web platforms

10.4.1. Panel interaction

A Web platform has been set up to facilitate panel interaction (EAU Document Management System - Covidence). Access is governed by login. Username and password are provided by the EAUN coordinator. Additional information on this feature is available online (user's guides).

10.4.2. Data extraction platform

A Web platform has been set up to facilitate data extraction (Covidence).

10.4.3. Review platform

A Web platform has been set up to facilitate reviews with Agree questions (Covidence).

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Email: eaun@uroweb.org; EAU Guideline Office:		

11. References

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12. Appendices

1. Preparatory Steps

Timeline	Process	Lead / Owner	Completed
18-16 months prior	Contact EAUN Board to inform about interest/ need for guideline development or update	- EAUN Board Guideline Subgroup Co-leads, or - SIG Chairs	
16 months prior	Preparatory Meeting (online or at EAUN annual meeting): - Discuss and establish structures regarding Chair and Vice-chair nomination, panel members, patient/public involvement, need for EAU Guideline Development Course	- EAUN Board Guideline Subgroup Co-leads	
16-14 months prior	Define scope of guideline development or update Describe and share scope, aim, research question, clinically relevant question, and time plan	- Guideline Panel Chair/Vice-chair	
16-13 months prior	Liaise with EAU Marketing & Sales department to seek sponsors.	- Guideline Panel Chair/Vice-chair and - EAUN Coordinator	
14-13 months prior	Recruiting guideline panel members EAUN Coordinator: - Providing COI information, copyright transfer agreement, and a non-disclosure statement for potential panel candidates - Define and coordinate i.e., 3-4 online and 1 personal meeting for the next 12 months	- Guideline Panel Chair/Vice-chair - EAUN Coordinator	
13 months prior	- Perform systematic literature search. - Create a Covidence project.	- Guideline Panel Chair/Vice-chair	

2. Guideline development / update process within 12 months

	Timeline	Process	Lead / Owner	Completed
1.	12 months prior	1. Guideline Panel meeting (Kick off; online): - Presenting scope of guideline development / update - Informing about timeline, duties, responsibilities - Discussing searching and handling of illustrations (copy right)	- Guideline Panel Chair/Vice-chair - Panel members	
2.	12-9 months prior	Screen articles (title, abstract, full text)	- Guideline Panel Chair/Vice-chair - Panel members	
3.	9 months prior	2. Guideline Panel meeting (online): - discuss included full texts. - decide on criteria for data extraction - discuss searching and handling of illustrations (copy right)	- Guideline Panel Chair/Vice-chair - Panel members	
4.	8-7 months prior	Data extraction and evidence synthesis	- Guideline Panel Chair/Vice-chair - Panel members	
5.	7 months prior	3. Guideline Panel meeting (online/personal): - discussing evidence synthesis - guiding on critical appraisal	- Guideline Panel Chair/Vice-chair - Panel members	
6.	6-5 months prior	Critical appraisal of included articles	- Guideline Panel Chair/Vice-chair - Panel members	
7.	4 months prior	Practical implications and recommendations	- Guideline Panel Chair/Vice-chair - Panel members	
8.	4 months prior	Draft guideline manuscript	- Guideline Panel Chair/Vice-chair	
9.	3 months prior	4. Guideline Panel meeting (online/personal): - discussing results and recommendations - assigning supporting text for panel summaries and section of recommendations - looking for additional texts and illustrations for the appendices	- Guideline Panel Chair/Vice-chair - Panel members	

10.	3-1 months prior	EAUN Coordinator: - Consult with panel chair/vice-chair regarding guideline illustrations, flowcharts, diagrams, etc.	- EAUN Coordinator	
11.	2 months	- Peer Review of guideline manuscript - Text editing	- Reviewer, EAUN Board Guideline Subgroup co-leads - Editor	
12.	1 month prior	Finalize guideline manuscript, typesetting and printing	- EAUN Coordinator	
13.	0 month	Publish and promote guideline by Mailshot members	- EAUN Coordinator	

3. PICO(S) – Care Pathways and Mesh terms (1,6) (data identification)

The 'clinical question' should specify the types of population (participants), types of interventions (and comparisons), and the types of outcomes that are of interest. The acronym PICO stands for Participants, Interventions, Comparisons, and Outcomes. Sometimes, S (Study quality) or T (Type of study) is included to serve as a reminder of these components. MESH terms are used to help identify relevant studies in literature databases. Equal emphasis in addressing each PICO component is not necessary. For example, a review might concentrate on competing interventions for a particular stage of prostate cancer, with stage and severity of the disease being defined very precisely; or alternately focus on a particular drug for any stage of prostate cancer, with the treatment formulation being defined very precisely.

Examples of PICO questions:

- In patients with indwelling catheter do cranberry products reduce symptomatic UTI compared with placebo
- In men who report LUTS, what is the effect of bladder training versus any other conservative therapy or no treatment on patient related and biometric outcomes and adverse events?
- In men and women with urinary incontinence, does physical exercise improve patient outcomes regarding either urinary symptoms, leakage, or quality of life, compared to no physical exercise?

Underlined are the main concepts represented in the PICO questions above. Concepts are the different ideas which make up each unique search topic. Most topics can be broken down into two, three, or more main concepts.

Topic	
Population *Condition, disease severity and stage, comorbidities & patient demographics*	Men and women (alternative term = adults) with urinary incontinence
Intervention *Dosage, frequency, and method of administration*	Physical exercise
Comparator *Placebo, usual care, or active control*	No physical exercise
Outcome *Health outcomes: morbidity, mortality, quality of life.*	Urinary symptoms / quality of life / pad test
Question	In men and women with urinary incontinence, does physical exercise improve patient outcomes regarding urinary symptoms, leakage, or quality of life, compared to no physical exercise?

Alternative terms	Sport training, physical fitness training

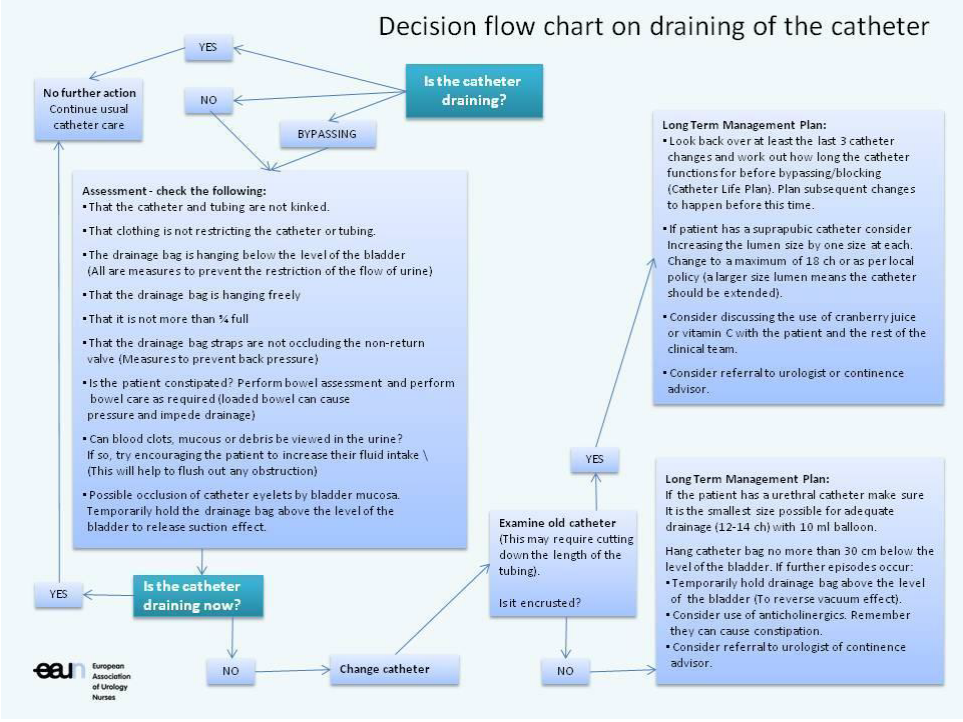
Care Pathways

Alternatively, Care pathway development has the same function (focus of topics and identifying interventions and patient groups).

Care pathways map out the delivery of care to patients with a specific condition.
Relevance for guidelines process:

- Ensures comprehensiveness.
- Begins standardisation of terminology process
- An opportunity to standardise definition of terminology including outcomes.
- Informs the search strategy for the review process.
- Helps define scope of the review and guideline.

Example:



Helpful resources: http://www.cebm.net/index.aspx?o=1900

◊ MeSH database Medline: http://www.ncbi.nlm.nih.gov/mesh

◊ NICE Guidelines manual (Ch. "Developing review questions and planning the systematic search")
http://www.nice.org.uk/aboutnice/howwework/developingniceclinicalguidelines/clinicalguidelinedevelopmentmethods/GuidelinesManual2009.jsp

◊ McMaster/Hiru hedges: http://hiru.mcmaster.ca/hiru/hedges/indexHIRU.htm
(Search Strategies for MEDLINE in Ovid Syntax and the PubMed translation)

4. Assignment list (example)

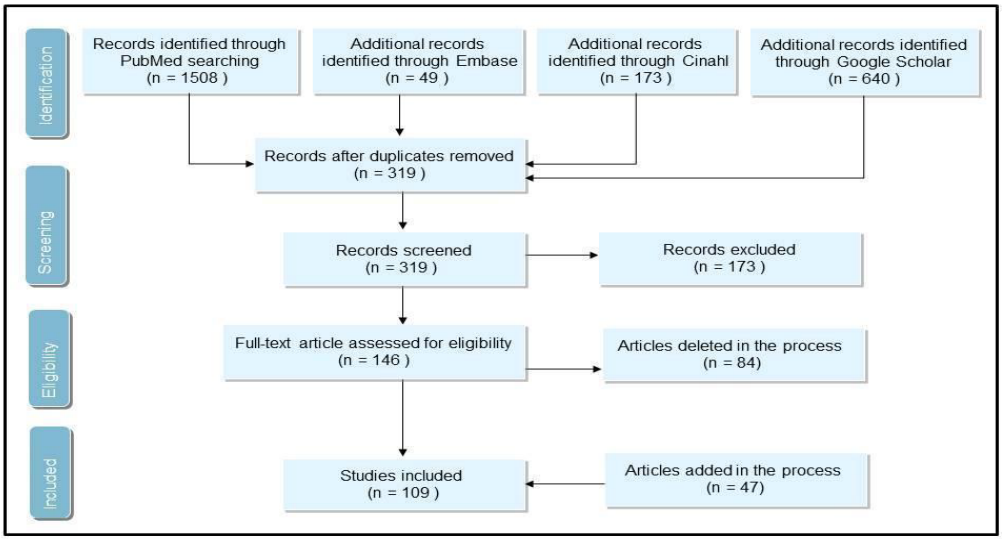
Topic list	Primary author	reviewer
Epidemiology	Panel member A	Panel member I
Risk factors	Panel member B	Panel member C
Screening and early detection	Panel member C	Panel member A
Diagnosis	Panel member D	Panel member F
Staging	Panel member E	Panel member B
Treatment A	Panel member F	Panel member H
Treatment B	Panel member G	Panel member C
Follow-up	Panel member H	Panel member D
Quality of life	Panel member I	Panel member E

N.B. Working with a secondary author is an option, or list associated for specific tasks. In addition, the topic list can be more detailed/or less detailed, depending on the scope of the guideline and the size of the guidelines panel.

5. What should be included in every guidelines introduction?

1.	Overall scope and purpose of the guideline (clinical, healthcare, or social questions covered by the guidance). Also mention what has not been addressed and explain why.
2.	Population and/or target audience to whom the guidelines apply (if this is not directly apparent from the title).
3.	Panel composition (multidisciplinary panel, stakeholder involvement. Also, rationale for not including obvious groups)
4.	Cost assessments [Caution, available data should be included. The EAUN Guideline Office does not have the resources to carry out cost assessments addressing the entirety of healthcare systems the guideline may be applied in]
5.	Description of methodology be used: - Literature identification: databases consulted, search terms [key words/PICOs] time frames, numbers of papers identified, numbers of papers included/excluded. Inclusion/ exclusion criteria. - Possibly include a chart or have details published in an addendum. - Any other sources of data (proposed by expert panel, books reviews etc.) - Discuss specific limitations. - Address level of evidence, grade of recommendation - How the process of consensus finding works - Review conflict of interest - Publication history (in case of an update) & dissemination strategies - List which information has changed (in case of an update)
All this information should be brief. A larger, comprehensive document can be available as a reference document for consultation. Such a document may be posted online.	

Example data handling chart, see page 35.



From: S. Vahr, H. Cobussen-Boekhorst, J. Eikenboom, V. Geng, S. Holroyd, M. Lester, I. Pearce, C. Vandewinkel; members of the European Association of Urology Nurses Guidelines Office. Catheterisation, Urethral intermittent in adults – Evidence-based Guidelines for Best Practice in Urological Health Care. Edition presented at the 14th International EAUN meeting, Milan 2013. ISBN 978-90-79754-59-5.

Design: **PRISMA 2009 Flow Diagram**

6. National Guideline Clearinghouse (NGC) inclusion criteria - June 2013

From: https://www.ahrq.gov/gam/summaries/inclusion-criteria/index.html (Accessed January 2023)

National Guideline Clearinghouse (NGC) Inclusion Criteria

Effective June 1, 2014, NGC used the 2011 definition of clinical practice guideline developed by the Institute of Medicine (IOM).

Clinical practice guidelines are statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.

2013 (Revised) Criteria for Inclusion of Clinical Practice Guidelines in NGC

Effective June 1, 2014: In order for NGC to accept a submitted clinical practice guideline, the guideline had to meet all the criteria below. In addition to the guideline, developers needed to provide NGC with documentation of the underlying systematic review.

1. The clinical practice guideline contains systematically developed statements including recommendations intended to optimize patient care and assist physicians and/or other health care practitioners and patients to make decisions about appropriate health care for specific clinical circumstances.
2. The clinical practice guideline was produced under the auspices of a medical specialty association; relevant professional society; public or private organization; government agency at the Federal, State, or local level; or health care organization or plan. A clinical practice guideline developed and issued by an individual(s) not officially sponsored or supported by one of the above types of organizations does not meet the inclusion criteria for NGC.
3. The clinical practice guideline is based on a systematic review of evidence as demonstrated by documentation of each of the following features in the clinical practice guideline or its supporting documents.
    a. An explicit statement that the clinical practice guideline was based on a systematic review†.
    b. A description of the search strategy that includes a listing of database(s) searched, a summary of search terms used, and the specific time period covered by the literature search including the beginning date (month/year) and end date (month/year).
    c. A description of study selection that includes the number of studies identified, the number of studies included, and a summary of inclusion and exclusion criteria.
    d. A synthesis of evidence from the selected studies, e.g., a detailed description or evidence tables.
    e. A summary of the evidence synthesis (see 3d above) included in the guideline that relates the evidence to the recommendations, e.g., a descriptive summary or summary tables.

NB: A guideline is not excluded from NGC if a systematic review was conducted that identifies specific gaps in the evidence base for some of the guideline's recommendations.

4. The clinical practice guideline or its supporting documents contain an assessment of the benefits and harms of recommended care and alternative care options.
5. The full text guideline is available in English to the public upon request (for free or for a fee). Upon submission of the guideline to NGC, it also must be noted whether the systematic review or other supporting documents are available in English to the public upon request (for free or for a fee).
6. The guideline is the most recent version published. The guideline must have been developed, reviewed, or revised within the past five years, as evidenced by appropriate documentation (e.g., the systematic review or detailed description of methodology).

1997 Criteria for Inclusion of Clinical Practice Guidelines in NGC (in effect through May 31, 2014)

NGC used the definition of clinical practice guideline developed by the IOM in 1990. Clinical practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. All of the criteria below were met for a clinical practice guideline to be included in NGC.

1. The clinical practice guideline contains systematically developed statements that include recommendations, strategies, or information that assists physicians and/or other health care practitioners and patients to make decisions about appropriate health care for specific clinical circumstances.
2. The clinical practice guideline was produced under the auspices of medical specialty associations; relevant professional societies, public or private organizations, government agencies at the Federal, State, or local level; or health care organizations or plans. A clinical practice guideline developed and issued by an individual not officially sponsored or supported by one of the above types of organizations does not meet the inclusion criteria for NGC.
3. Corroborating documentation can be produced and verified that a systematic literature search and review of existing scientific evidence published in peer reviewed journals was performed during the guideline development. A guideline is not excluded from NGC if corroborating documentation can be produced and verified detailing specific gaps in scientific evidence for some of the guideline's recommendations.
4. The full text guideline is available upon request in print or electronic format (for free or for a fee), in the English language. The guideline is current, and the most recent version produced. Documented evidence can be produced or verified that the guideline was developed, reviewed, or revised within the last five years.

7. Potential Conflict of Interest Form

(Online submission through: www.uroweb.org, select "my EAU" – Conflict of Interest)

Conflict of Interest (COI)

The EAUN wishes to promote independence, objectivity, scientific rigor, and a fair balance of representation, in all its activities.

In order to ensure this, individuals participating in these activities are expected to disclose their financial or in-kind relationships both with health industry that develop, manufacture, distribute or sell health care materials or services, or other organisations that could represent a potential conflict of interest. Such relationships exclude personal or family medical care.

EAUN recognises that these relationships do not necessarily imply bias or decrease the value of participation in professional activities.

Disclosure of these relationships is necessary for others to make an informed decision about the impact of the disclosed relationship. For instance, this may be relevant in the context of educational activities of the EAUN or review of material for EAUN publications. Recognition of potential COI will allow the office in question to take this into account in the decision-making process.

Each EAUN author, reviewer and editor and office member of the EAUN is requested to complete this form. All relationships over the previous two calendar years and the current year (including future commitments which are foreseen over the coming year) must be disclosed.

The information related to COI will be available on request and relevant COI will be cited at EAUN related presentations and in publications.

Use the following list to declare your existing or known future financial relationships or commercial affiliations. Indicate the name of the company by entering the name in one of the six fields per category.

If you do not have any conflicts of interest to disclose, please check the appropriate box.

	Company Name	**Company Name**	**Company Name**
1. Equity interests			
2. Director or employee			
3. Owner enterprise			
4. Ownership of patent(s)			
5. Royalties			
6. Company consultant			
7. Company speaker honorarium			
8. Trial participation			
9. Fellowship, travel grants			
10. Research grants			
11. Other – please indicate			

(See next page)	

Company	**Conflict Type**

☐ I do not have any existing or known future financial relationships or commercial affiliations to disclose

1. Equity interests (or entitlement to same) of stocks, stock options, royalties, etc, including income from patents or copyrights.
2. Service as a director or employment by a commercial organisation, whether or not remuneration is provided for such service.
3. Sole ownership, partnership, or principal of a commercial enterprise
4. Ownership of patent(s)
5. Receipt of royalties
6. Consultant to company including positions on medical or scientific advisory boards.
7. Honoraria for speaking at company sponsored meetings or events.
8. Participation in clinical trials
9. Support in the form of fellowships, travel grants, gifts, in-kind donations, etc.
10. Research grants, partial or full salary support from a commercial organisation for self or employees for whom you are managerially responsible (i.e., laboratory technical/research fellow for whom you are managerially responsible).
11. Any other type of financial or other relationship

8. Copyright Transfer Agreement

Copyright Transfer Agreement

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Mr. E.N. van Kleffensstraat 5
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Fax: +31 26 3890 674

Date:

Manuscript entitled: EAUN Guidelines on …….

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    a. To promote the urological specialty by
    b. Making the guidelines available to medical professionals at no cost
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5. Financial disclosure-

Author has (or will in a timely fashion) submitted conflict of interest disclosure, which is kept on file at the EAU/EAUN's database.

Author signature:

Name and title:

Affiliation:

9. Non-disclosure Statement

CONFIDENTIALITY STATEMENT

I herewith declare that I will treat all information, which I will receive in relation to the production of EAUN guidelines as confidential. I ensure that my staff will also treat this information confidential.

Confidential information includes, without limitation, the Guidelines (prepublication), the content of draft chapters, the meetings and discussions of the Guidelines Panel, and the development process for the Guidelines. Confidential information might be in written, oral, electronic, magnetic, photographic or any other form, and it loses protection under this provision only if or when it becomes generally known to the public.

Name:

Signature:

Date:

10. Standard Disclaimer

The European Association of Urology Nurses (EAUN) Clinical Guidelines© published by the EAUN Guidelines office are systematically developed evidence statements incorporating data from a comprehensive literature review of the most recent studies available (up to their publication date).

The aim of clinical guidelines is to help clinicians to make informed decisions about their patients. However, adherence to a guideline does not guarantee a successful outcome. Ultimately, healthcare professionals must make their own treatment decisions about care on a case-by case basis, after consultation with their patients, using their clinical judgement, knowledge, and expertise. A guideline is not intended to take the place of physician judgment in diagnosing and treatment of particular patients.

Guidelines may not be complete or accurate. The EAUN and their Guidelines Office, and members of their boards, officers and employees disclaim all liability for the accuracy or completeness of a guideline, and disclaim all warranties, express or implied to their incorrect use.

Guidelines users always are urged to seek out newer information that might impact the diagnostic and treatment recommendations contained within a guideline.

Due to their unique nature – as international guidelines, the EAUN Guidelines are not embedded within one distinct healthcare setting - variations in clinical settings, resources, or common patient characteristics, are not accounted for.

11. Recommendation Worksheet

Section:	

Recommendation	**Strength rating**

Strength Rating Assessment				**Rating**
Evidence summary and strength rating: ● Low ● Moderate ● High	Evidence strength assessment			
	Overall quality			
	Magnitude			
	Certainty			
Benefits to harms balance	Benefit to harms ration assessment			
	Very acceptable benefits to harms			
	Equal benefit to harms			
	Unclear			
Patient ideals values/ preferences	Patient values/preferences assessment			
	Consistent		Known	
	Variable		Unknown	
Evidence gaps	.			

Overall rating for recommendation	
Justification/ reasoning	