CIRSE Cardiovascular and Interventional Radiological Society of Europe

CIRSE STANDARDS OF PRACTICE COMMITTEE

General Instructions

CIRSE STANDARDS OF PRACTICE COMMITTEE (SOPC)

General Instructions

1. PURPOSE OF THE STANDARDS OF PRACTICE COMMITTEE (SOPC)

The CIRSE Standards of Practice Committee is responsible for and oversees the creation of guidelines on interventional radiological procedures. The Committee regularly revises the list of existing guidelines and makes suggestions on necessary revisions. The Committee shall aim for the production of at least one and a maximum of four documents per year.

In order to produce these documents, the SoPC should propose topics for new guidelines to the CIRSE Executive Board and, once these have been approved, nominate members of the SoPC to co-ordinate the Working Groups of the each topic. After the list of potential Working Group Members has been approved by the CIRSE Executive Board members, the Working Group Coordinators shall supervise the writing of the document and its submission to the CVIR Editorial Office. Once the final draft is approved by the SoPC Chairman, the CVIR Editorial Office will submit it to CVIR for double-blinded peer review. Subsequently, the document may be published in CVIR if accepted by the CIRSE Executive Committee and CVIR Editor-in-Chief.

The documents produced by the SoPC provide guidance for the improvement of patient care and are based on the most up-to-date scientific data available. The documents are aimed at experienced IRs as well as novices in the field and may also be used as a reference for physicians from other medical specialties. Topics for the documents are highly specific, each covering single procedures and/or illnesses.

2. ROLE OF SOPC CHAIRPERSON AND WORKING GROUPS

CIRSE's guidelines are co-ordinated and/or written by members of the SoPC as well as other invited experts. All members have specific roles and responsibilities to fulfil and must agree to the following:

- To help create high-quality interventional radiological guidelines based on the most up-to-date scientific data available.
- To submit their work for the document before/in time for the given deadline.
- To adhere to CIRSE's "Structural Guidelines" (see Appendix 1).
- To allow for the document to undergo strict review in the journal CVIR, by CIRSE's Executive Committee and by other IR experts.

a) Role of the SoPC Chairperson

The SoPC Chairperson oversees the production and revision of CIRSE's guidelines. They are responsible for ensuring the high quality of the documents and their adherence to CIRSE's official "Structural Guidelines". The SoPC Chairperson is responsible for all communications within the Working Group (see appendix 1).

b) Working Groups

i. Choosing Your Working Group

The Working Group is comprised of a group of experts who are assigned to an SOP document by the Working Group Co-ordinator (see Role of the Working Group Co-ordinator in 2bii). The following rules apply when selecting Working Group members:

- **Working Groups must be international** – to ensure your document is useful in a wide range of European countries, it is important to look for members who currently work in various European (and possibly non-European) countries. Diversity is a key and the groups should never consist of members from only one country.
- **Working Groups must have four to five members** – Working Groups should have a minimum of four and a maximum of five members. At least one of those members should be the group's co-ordinator who will be tasked with keeping track of deadlines, submitting works on behalf of the group and tracking their progress.
- **Working Group members must be experts on the topic covered** – the expertise of Working Group members must be verifiable (Medline/PubMed listed peer-review publications on the topic, members of expert panels, involved in other guidelines on the topic, etc.). Exceptions to this rule can be made for Working Group co-ordinators who may play a solely "administrative/coordinative" role.
- **Working Groups must have one Research Assistant** – each group will need to have a Research Assistant to assist them with administrative and preparatory tasks (see Role of Research Assistant biii).

Once the Working Group Co-ordinator has selected the Working Group Members who should work on the document, his/her suggestion would need to be sent to the SoPC Chairperson and subsequently to the CIRSE Executive Board for approval. Working Group Co-ordinator has to give a brief justification for selecting each suggested member of the Working Group. The Board may reject or add members to the group. Once the list of the Working Group members has been approved by the Board, each member will be sent an official invitation from the CIRSE Office, which they will have to accept before commencing work on the document.

ii. Role of Working Group Co-ordinator

The Coordinator is in charge of keeping the document on track and coordinating communications within the Working Group. Coordinating authors are also responsible for selecting the Working Group members. The Co-ordinator does not necessarily have to be one of the authors of the document.

iii. Role of Research Assistant

Research Assistant will be expected to carry out various tasks including literature searches and completing levels of evidence tables. As an incentive for their work, Research Assistants are given complimentary registration for one CIRSE-related event taking place within 12 months of their invitation (congresses, workshops, symposia, etc.). Research Assistants are also listed as co-authors for the documents, unless otherwise disapproved by the Working Group Coordinator.

3. DOCUMENT STRUCTURE

a) Document Types

CIRSE's Guidelines can be grouped into four categories:

- **New CIRSE Guidelines** - new documents covering topics that have not been previously written about by CIRSE's SoPC. The SoPC Committee produces between one-four New CIRSE Guidelines per year.
- **Revised CIRSE Guidelines** – revisions of New CIRSE Guidelines written over 4 years previously. There is no limit to the number of Revised CIRSE Guidelines the SoPC can produce each year.
- **CIRSE Special Papers** - an official CIRSE statement on a chosen topic, usually short and without a specific structure.
- **Joint Guidelines** - documents produced in cooperation with other (medical) societies.
- **Endorsed Guidelines** - documents written by other medical societies, which have been endorsed by CIRSE.

i) New CIRSE Guidelines

The creation of New CIRSE Guidelines forms the core work of the SoPC. These documents are key for the standardisation of IR practice as well as the improvement of patient care. CIRSE's SoPC produces between one and four New CIRSE Guidelines per year most of which are published in the journal CardioVascular and Interventional Radiology (CVIR). Limiting the number of New CIRSE Guidelines not only helps ensure more time can be spent working on the individual documents but also ensures that enough space will be available to accommodate them in CVIR. All New CIRSE Guidelines undergo peer review in CVIR and may only be published with the approval of CVIR's Editor-in-Chief and CIRSE's Executive Committee.

ii) Revised CIRSE Guidelines

The fast pace of medical advances in IR means that CIRSE guidelines will need to updated and revised on a regular basis. The SoPC is responsible for revising as many older guidelines (older than four years) as possible. There is no limit to the number of Revised CIRSE Guidelines the Committee can produce as, contrary to New CIRSE Guidelines, these documents are not published in CVIR but only on the CIRSE website. An exception to this rule can be made for the Revised CIRSE Guidelines, which have undergone so many changes that they can be deemed new (New CIRSE Guidelines). In this case, the documents may be published in CVIR. New CIRSE Guidelines are not reviewed in CVIR but by the SoPC Chairperson and any other experts they request. They may only be published on the CIRSE website with the approval of CIRSE's Executive Committee.

iii) CIRSE Special Papers

From time to time, a topic will arise that merits the creation of an official CIRSE statement. These "special documents" are often unstructured and usually shorter than regular New CIRSE Guidelines or Revised CIRSE Guidelines. Examples of CIRSE Special Papers include all official CIRSE "Position Papers", "Commentaries" and "White Papers". CIRSE Special Papers undergo peer-review in CVIR and may only be published with the approval of CVIR's Editor-in-Chief and CIRSE's Executive Committee.

iv) Joint Guidelines

Guidelines produced in cooperation with other medical societies are must make clear mention of CIRSE's involvement as well as the CIRSE representative involved in writing the document. The workflow and structure of Joint Guidelines will be determined by the societies involved. Joint Guidelines must be published in CVIR. In cases of double publication, Joint Guideliness should be published as "Open Access" in CVIR, with CIRSE covering the Article Processing Charges.

v) Endorsed Guidelines

Documents sent to CIRSE for official endorsement must be approved by CIRSE's Executive Committee. Endorsed Guidelines may be published on the CIRSE website.

b) Document Structure

For reasons of clarity and standardisation, all New CIRSE Guidelines and Revised CIRSE Guidelines must adhere to the official "Structural Guidelines" (see Appendix 1). In addition, New CIRSE Guidelines and Revised CIRSE Guidelines must not exceed 5,000 words (excluding references) and no more than 50 references may be included. Should a Working Group wish to structure their document differently or exclude a section, a plan of their proposed new structure must be approved by the SoPC Chairperson.

4. WORKFLOW

Both New CIRSE Guidelines and Revised CIRSE Guidelines are created using distinct workflows (see Appendix 2 and 3). The main difference between the two lies in the review process and the publication site. New CIRSE Guidelines undergo two review loops – one in CVIR and the other by CIRSE's Executive Committee. In both cases, the loops are only completed when the document receives the necessary approval. Revised CIRSE Guidelines are not reviewed in CVIR but rather by the SoPC Chairperson and any other experts they recommend to look over the document. If deemed publishable, new CIRSE Guidelines will be published in CVIR and on the CIRSE website. In case a Guideline document is not deemed publishable in CVIR, it may only be published on the CIRSE website upon an approval by the CIRSE Executive Board. Revised CIRSE Guidelines are published on the CIRSE website only.

5. SOPC MEETINGS

CIRSE's SoPC Committee holds regular meetings and conference calls throughout the year. Three of these meetings are formal and all Working Group Coordinators are required to be present and/or prepare a status report on their document. If the Working Group Coordinator cannot be present for the meeting, they must send a written status report to the SoPC Committee Chairperson and CIRSE Office. The three formal meetings are:

Meeting title	Time period
SoPC Spring Meeting	During European Congress of Radiology in Vienna

SoPC Autumn Meeting	During CIRSE annual meeting
SoPC Winter Meeting	Conference call on the 1st week of December

APPENDICES

APPENDIX 1: CIRSE STRUCTURAL GUIDELINES

The following structure must be used for both the guideline outline and the final draft of the guideline.

Title
All titles for CIRSE guidelines must begin with "CIRSE Guidelines on…"

Introduction
This section should include a historical evolution of IR treatment/methods over the past years.

Definitions
This section should include relevant definitions regarding anatomy, clinical symptoms and signs, treatment methods, etc.

Pre-treatment Imaging

Indications for Treatment (if applicable also divided into *absolute* and *relative)* **and Contraindications**

Patient Preparation

Equipment Specifications
Recommendations for specific companies/products should be avoided.

Procedural Features (it is important to describe the technique with most accumulated evidence) **and Variations of the Technique(s)**
The level of evidence for each variation should be reported.

Medication and Peri-procedural Care

Post-procedural Follow-up Care (Including Imaging)

Outcome

Recommended thresholds for technical success, clinical success, and complications should be provided.

a. **Effectiveness** (include *clinical* as well as *technical* success)
   Randomised clinical comparisons with competing surgical or conservative treatment should be included. If randomised study is not available, at least controlled trials should be mentioned.
b. **Complications** (immediate and long-term) **and their Management**

Conclusions

References

APPENDIX (Classification of complications by outcome)

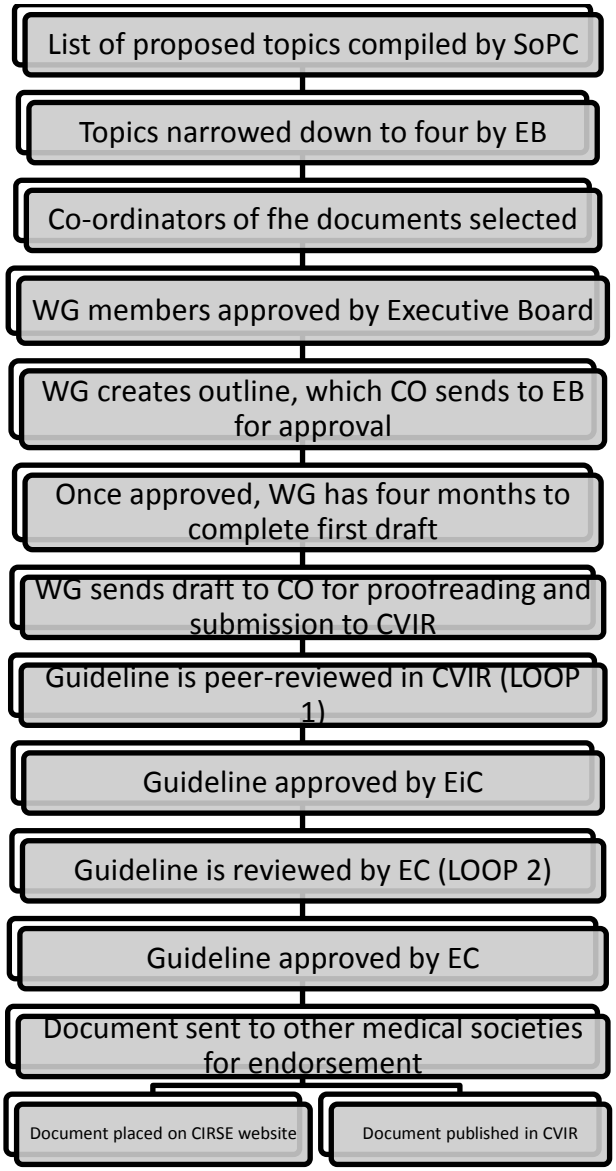
Minor Complications

a. No therapy, no consequence.
b. Nominal therapy, no consequence; includes overnight admission for observation only.

Major Complications

c. Require therapy, minor hospitalisation (<48 hours).
d. Require major therapy, unplanned increase in level of care, prolonged hospitalisation (>48 hours).
e. Permanent adverse.
f. Death.

APPENDIX 2: WORKFLOW FOR NEW CIRSE GUIDELINES (NCGs)



SoPC – Standards of Practice Committee

EB – Executive Board

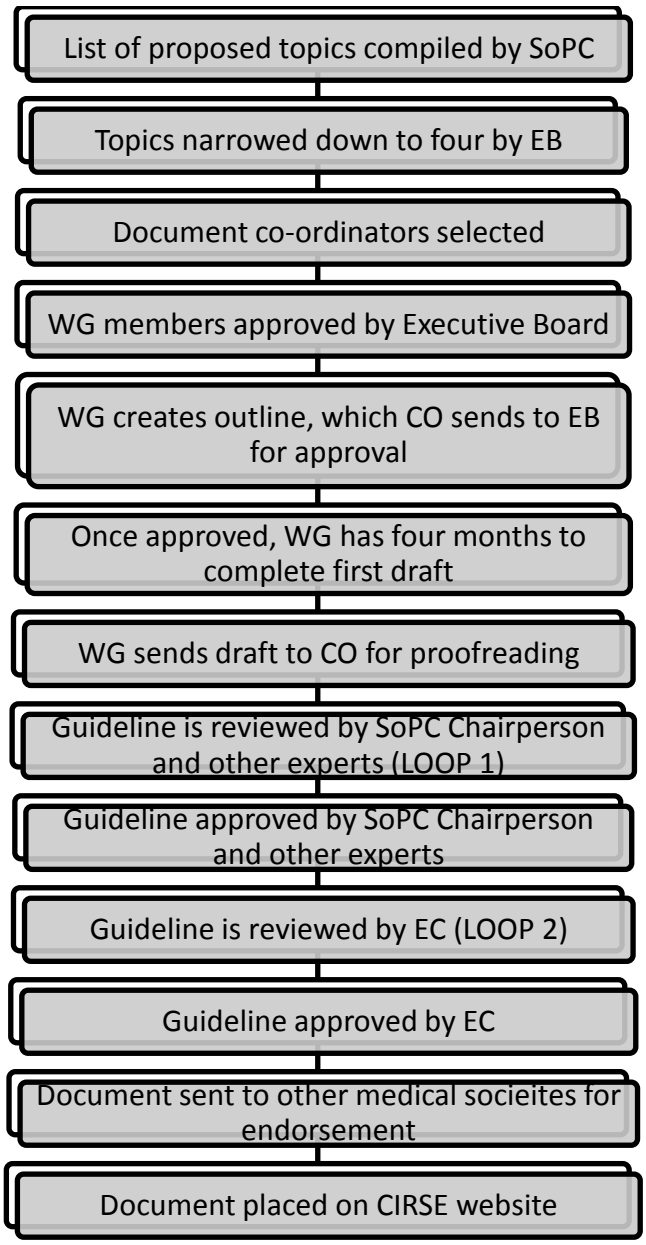
EiC – Editor-in-Chief

CO – CIRSE Central Office

EC – Executive Committee

WG – Working Group

APPENDIX 3: WORKFLOW FOR REVISED CIRSE GUIDELINES (RCGs)



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