Amendments to the 2017 Edition of the American Academy of Neurology Clinical Practice Guideline Process Manual

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On behalf of the Guideline Development, Dissemination, and Implementation (GDDI) Subcommittee of the American Academy of Neurology

For the American Academy of Neurology (AAN) Guideline Subcommittee, AAN membership, and the public

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The authors thank the following for their contributions:

- Members of the Guideline Subcommittee for their efforts in developing high-quality, evidence-based guidelines for the AAN membership
- Jim Hopwood and Tim Streeter, MA, for their design and editorial contributions, respectively

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The following amendments apply to the indicated processes, which are outlined in the 2017 process manual.[1]

Amendment I: Publication Change for Guideline Documents

Previously, the AAN had published guideline documents on the *Neurology*® website (*neurology.org)* regardless of length limits. To meet journal publication criteria, any document exceeding length limits was published only on the journal website and an executive summary version appeared both in print and online.

Beginning in 2019, any AAN guideline exceeding *Neurology* length limits will be published only on the AAN website. Because of this publication change, full-length guidelines exceeding the *Neurology* print word limit will not be formally peer reviewed by *Neurology*. Full-length documents will still be submitted for *Neurology* reviewers to reference while reviewing the executive summary version of the guideline. In addition, full-length documents will continue to be reviewed by the GDDI and AAN Institute Board of Directors.

The *Neurology*-reviewed, executive summary version of the guideline will continue to appear in both print and online formats at *neurology.org.*

Moreover, online-only data supplements, including tables and references beyond *Neurology* limits, will no longer be published but will be available by the AAN, upon request.

The text shown below replaces the applicable text that appears on pages 23, 37–40, 60, and 70 of the AAN's *Clinical Practice Guideline Process Manual,* 2017 edition,[1] as approved by the AAN Institute Board of Directors on April 17, 2019.

The text shown below replaces the applicable text that appears on page 23.

Note: See *Appendix 5* for sample rationale profile tables.

The text shown below replaces the applicable text that appears on page 37.

Getting Ready to Write

Before developers begin writing the document, they should review *Appendix 14* in its entirety, as well as the "Information for Authors" at *neurology.org*. In addition to undergoing review by AAN committees and the AAN Institute Board of Directors, the manuscript will be evaluated by both the AAN guideline staff and *Neurology* journal staff. It is essential to understand the expectations of each.

The journal editorial policy limits the length of a guideline/case definition print publication to a maximum of 5,000 words in the body of the text (Introduction through Suggestions for Future Research sections), 250 words in the abstract, 96 characters (including spaces) in the title, 8 tables and figures, and 60 references; however, adherence to these limits should not come at the sacrifice of development requirements. Therefore, developers must create truncated versions, called "executive summaries," for any guideline documents that exceed *Neurology* limits.

The executive summaries, rather than the full-length guideline documents, will be published online and in print by *Neurology,* with an embedded link that directs the reader to the full-length guideline document. AAN staff can be enlisted to assist in the creation of the executive summaries when necessary and with the approval of the lead developer. Usually, the lead developer assigns specific topics to each development panel member; panel members develop the first draft of their assigned sections. The panel chair then integrates all of the sections into a cohesive document.

The text shown below replaces the applicable text that appears on page 38.

TIP

It is critical to be as transparent as possible in describing the process followed or results obtained in the development of the guideline or case definition. A long version of the final document will be published online at *AAN.com/guideliness*, and a shorter version will be published in both online and print editions of the journal.

The text shown below replaces the applicable text that appears on page 39.

Description of the Analytic Process (Methods)

The description of the analytic process describes the exact process that the panel used to create the document. It is important that the description be detailed enough to be transparent and replicable. This section should describe panel formation (usually a brief sentence stating that the AAN convened an expert panel made up of neurologists and any other types of

specialists, if applicable), the literature review dates and databases searched, the secondary search strategy (usually examining the references of review articles), inclusion/exclusion criteria used, how articles were reviewed, the classification of evidence schemes used, the process by which developers resolved disagreements in classification, and any modifications to the schemes employed that were specific to this question. (Note that the complete search strategy will be presented in an online appendix in the full-length document on *AAN.com/guidelines*.) This section should also describe the outcomes of interest, the measure of effect preferred, and the measure of statistical precision used, and should identify what was considered a clinically important effect. Moreover, it is important to include a brief description of the process for developing the conclusions and modified Delphi approach to crafting recommendations.

Practice Recommendations (Included Only in Practice Advisories/ Guidelines)

Recommendations are presented as a separate section after all of the evidence for all questions has been presented. Each recommendation is preceded by a rationale. In the full-length document, published on *AAN.com/guidelines*, a profile table follows each rationale and its associated recommendation statement(s).

Tables/Figures

The *Neurology* journal limits the number of tables and figures that may appear in the article. However, additional tables and figures of reasonable size may be included in the full-length document available online at *AAN.com/guidelines*. Two types of tables provide information about the evidence included in most guideline documents: evidence profile tables and evidence synthesis tables. However, the tables serve different functions. Evidence profile tables present all the study data needed to understand the assigned evidence ratings. Evidence synthesis tables show the detailed results of the modified GRADE process, which yields the final conclusion levels, and include key data, such as study classification, factors assessed during the voting process (e.g., precision), and the initial and final degrees of confidence in the evidence.

The text shown below replaces the applicable text that appears on page 40.

Appendices

All guideline documents include some or all of the following appendices:

- GDDI mission statement
- GDDI member roster (as constituted at the time of GDDI approval of the manuscript)
- Complete search strategy
- Evidence profile tables (if of reasonable size)
- Evidence synthesis tables (if of reasonable size)

Project methodologists are responsible for providing the evidence profile tables and evidence synthesis tables as well as completing the recommendation rationale profiles. Appendices other than the evidence profile tables and evidence synthesis tables are included in the manuscript. Appendices are published online only in the full-length document.

References

Because of journal space requirements, the number of references in the executive summary article is limited to 60. The full-length document, available at *AAN.com/guidelines*, may include additional references.

The text shown below replaces the applicable text that appears on page 60.

- Formats reference list
  - Numeric order (60 references maximum allowed for executive summary article published at *neurology.org*)

The text shown below replaces the applicable text that appears on page 70.

Appendices

Appendices will include GDDI mission statement and member roster, the complete search strategy employed, and, if of reasonable size, the evidence profile tables and evidence synthesis tables. This section can be populated by AAN staff and the methodologist assigned to the project. All appendices are included in the complete manuscript, available online at *AAN.com/guidelines*.

References

For the summary manuscript, references are limited to 60 in total. For the complete manuscript, which is published online only at *AAN.com/guidelines*, all references are presented as e-references at the back of the document.

Amendment II: Change in Process for Responding to Guideline-related Correspondence

AAN staff coordinates the submission and publication process for guidelines and, therefore, receives any related letters sent to the *Neurology* correspondence portal or directly to the Academy at *AAN.com/guidelines*. Historically, staff has coordinated the communication, editing, and submission of correspondence on behalf of the guideline developers. As of 2019, however, the guideline lead developer serves as the main contact for post-publication communications. Therefore, on receipt of correspondence about guideline content or development process, AAN staff now responds as follows:

1. Sends any *Neurology* correspondence received to the guideline lead developer, who will determine the need for a response letter and, when needed, will draft and submit the letter; the lead developer may consult with codevelopers, including the facilitator, on the content of the response.
2. Responds to any correspondence about guidelines content received at *AAN.com/guidelines* by requesting that the inquiry be submitted directly to the *Neurology* journal as correspondence for publication.
    a. The guideline lead developer may then reply to the correspondence as described in point 1 above.

The text shown below replaces the applicable text that appears on page 42 of the AAN's Clinical Practice Guideline Process Manual, 2017 edition,[1] as approved by the AAN Institute Board of Directors on April 17, 2019.

Responding to Correspondence

Because AAN staff members coordinate the journal submission and publication process, they receive any related letters to the editor. For any letters received, the lead developer should determine the need to draft a response letter. If one is needed, the lead developer should draft the letter, consulting as needed with codevelopers, including the facilitator. For correspondence that addresses the development process, the GDDI leadership will also review the response.

In addition, AAN staff often receives correspondence submitted directly to the AAN regarding guideline content or the development process. The staff will respond by requesting that the inquiry be submitted directly to the *Neurology* journal as correspondence for publication. The guideline lead developer may then reply to the correspondence as previously described.

TIP

Developers should not be discouraged if they receive a negative letter to the editor about their publication. The AAN views such correspondence as opportunities to educate *Neurology* journal readership on EBM principles.

Amendment III: Change in Process for Conducting Triennial Review

The GDDI has clarified the process for triennial review of guidelines for currency. Previously, when a guideline was reviewed for currency, the reviewer could recommend reaffirmation, retirement, or update of the guideline. The text is now clarified to show that the reviewer must make two determinations: (1) to recommend reaffirmation or retirement and (2) to determine whether there is a need for an update.

The text shown below replaces the applicable text that appears on page 42 of the AAN's Clinical Practice Guideline Process Manual, 2017 edition,[1] as approved by the AAN Institute Board of Directors on April 17, 2019.

Updating Guidelines and Case Definitions

Published guidelines and case definitions can become out of date.[14] Therefore, the AAN approved the system described next for evaluating guidelines and case definitions to ensure that those that are out of date are identified and updated in a timely manner.

Triennial Review: Updating the Literature Search and Assessing Methodologic Soundness

Guidelines and case definitions are assessed every three years to determine whether new literature has been published that would warrant an update. The following steps are taken:

1. The facilitator and all other developers are notified of triennial review and asked if they are aware of any relevant new evidence.
2. A GDDI member, assisted by AAN staff, performs a literature search update and reviews the obtained studies for applicability to the clinical questions. The search should specifically seek to identify new evidence that would change the guideline conclusions or recommendations.
3. The GDDI member or methodologist reviews the guideline for methodologic soundness.
4. The GDDI member or methodologist reviews the results of steps 1 through 3 and determines whether the guideline should be reaffirmed or retired and whether an update is warranted. The processes to reaffirm, update, and retire guidelines are defined as follows:
   - **Reaffirm:** If methodology is still sound, and either (1) there is no new evidence or (2) there is new evidence but it would not change conclusions or recommendations
   - **Update:** If new evidence would change conclusions or recommendations and an update is warranted
   - **Retire:** If new evidence would change conclusions or recommendations but an update is not warranted

If the reviewer decides an update is warranted, the GDDI assigns a priority score for the update and votes on the resulting assignment. When initiating an update project, the GDDI forms a new development panel, which may include members of the initial development panel. The project then follows the same process as outlined in this manual, with two modifications. First, in most circumstances, the new search should cover just the evidence since the time of the last literature search. Second, development panels are strongly urged to rerate all the articles reviewed for the previous guideline/case definition version, using any changes to the classification of evidence schemes.

On occasion, the GDDI will decide not to revise a document in need of updating. In these circumstances, the document will be retired. The GDDI has the authority to retire a document without the prior authorization of the AAN Institute Board of Directors.

Decisions regarding the update status will be communicated to the AAN membership through the AAN website. All documents triennially reviewed by the GDDI that do not require an update are reaffirmed. Documents that require updating will be designated as such on *AAN.com,* including the status and date of the update action.

Amendment IV: Change in Committee and Subcommittee Structure

When the process changes documented in Amendments I through III were approved, the AAN Practice Committee and GDDI oversaw AAN guideline development. Beginning May 2019, the AAN Quality Committee and Guideline Subcommittee assume oversight of AAN guideline development. Because of this change in governance, any references to the Practice Committee or GDDI in the AAN 2017 guideline development process manual[1] or in these amendments should now be understood as follows:

- The AAN Practice Committee is now referred to as the AAN Quality Committee
- The AAN GDDI is now referred to as the AAN Guideline Subcommittee

Reference

1. Gronseth GS, Cox J, Gloss D, et al.; on behalf of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. 2017. Clinical Practice Guideline Process Manual, 2017 ed. Minneapolis, MN: The American Academy of Neurology. *https://www.AAN.com/siteassets/home-page/policy-and-guidelines/guidelines/about-guidelines/17guidelineprocman_pg.pdf*.

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