

ESC Guidelines Development Process

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A few ESC land marks

- Founded 1950 by 14 NCS (*Belgium, Denmark, Finland, France, Greece, Italy, The Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom and Yugoslavia*).
*Now has **57** member countries.*
- First General Assembly 1950
- European Heart House built 1993 in Sophia-Antipolis, near Nice, France.

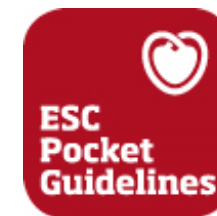


ESC Committee for Practice Guidelines (CPG)

- *The first ESC Guidelines were published in Eur Heart J 1994.*
- *The CPG was created in 1994 by the ESC in order to oversee the process of guidelines development and their publication. The first EHH dedicated staff was hired in 2001.*
- *The CPG has the responsibility of selecting the topics for the documents in a timely manner as well as putting into place the Task Forces and Review Teams developing them.*
- *The CPG is responsible for the administrative supervision and co-ordination of all ESC Guidelines Task Forces (TF) following the development process and within the allocated budget.*

ESC Guidelines = Evidence + expertise for clinicians

- Evidence-based recommendations developed by Task Forces of leading European experts
- Help physicians weigh benefits & risks of particular diagnostic & therapeutic procedures
- Formats include: full texts, pocket guidelines, slide-sets, books, mobile application...



The virtuous circle at the ESC



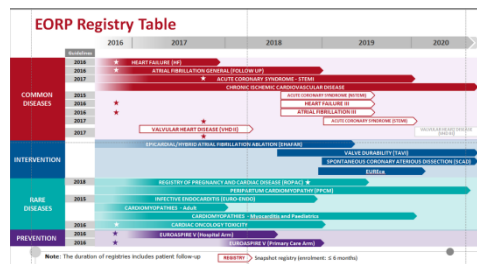
Research

Guidelines

EORP
Registries

Education

 **ESC**
European Society
of Cardiology



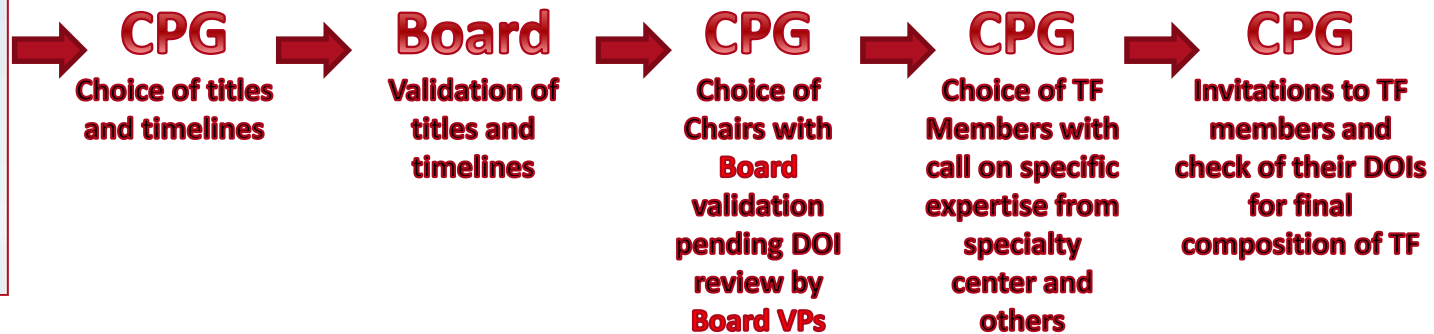
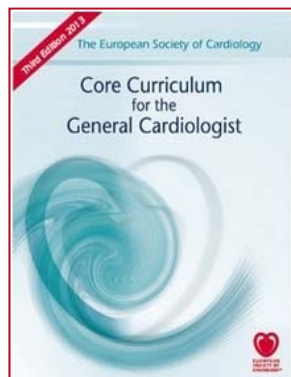
ESC Guidelines Production: 3 phases



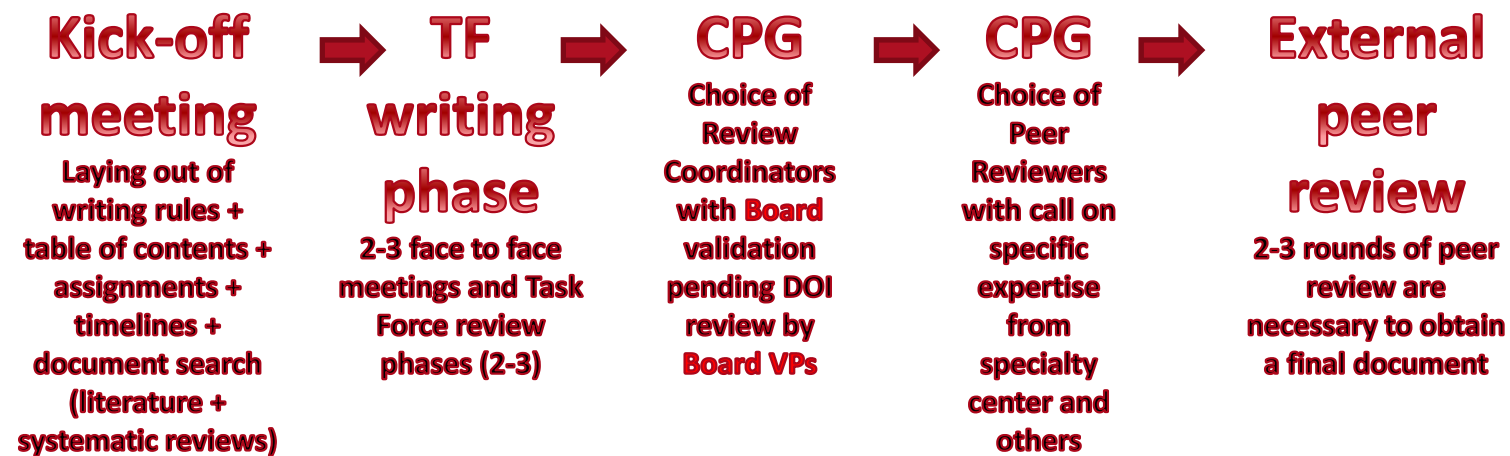
Details available on the ESC Web Site at:

<http://www.escardio.org/guidelines-surveys/esc-guidelines/about/Pages/rules-writing.aspx>

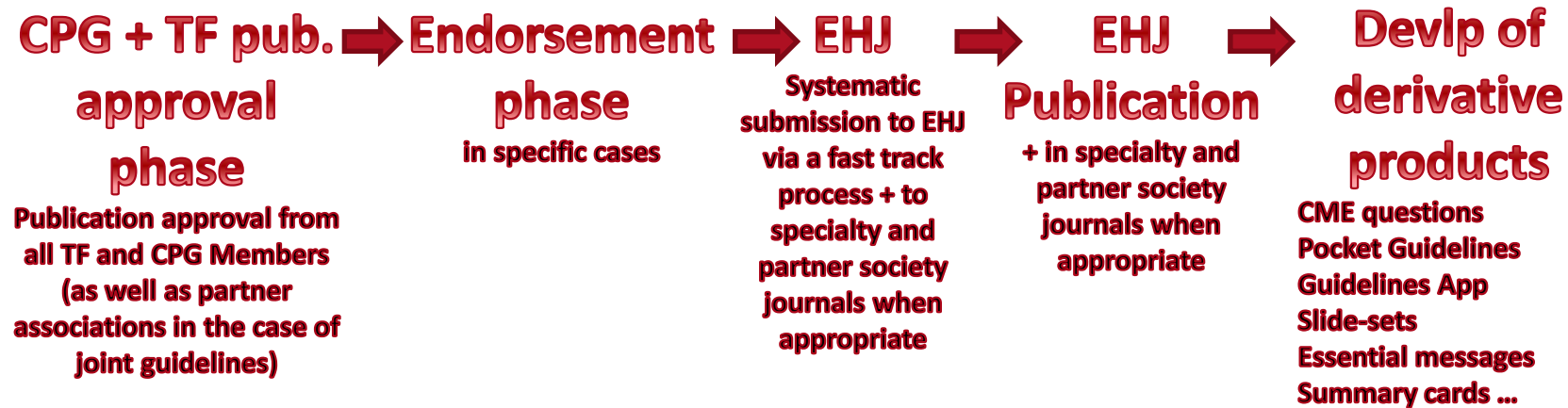
Goals & Team Definitions (3 months)



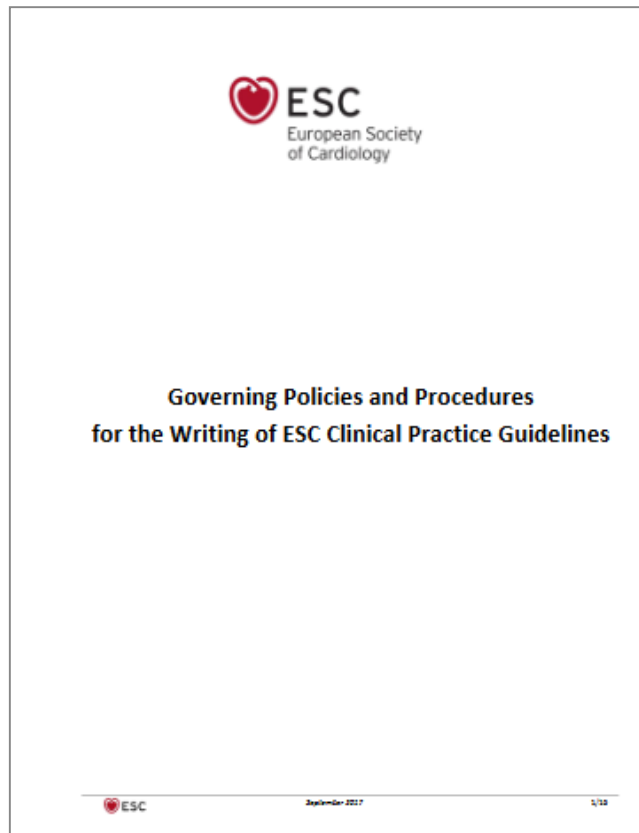
Document Elaboration (12-15 months)



Publication Phase (3 months)



Guidelines for Guidelines Writing



<https://www.escardio.org/static/file/Escardio/Guidelines/About/Recommendations-Guidelines-Production.pdf>

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1. General overview

The European Society of Cardiology (ESC) distributes the most up to date evidence-based knowledge on prevention and treatment of cardiovascular diseases to physicians. Known as ESC Clinical Practice Guidelines, these documents present relevant information on a wide range of cardiovascular conditions in order to help physicians weigh the benefits and risks of particular diagnostic or therapeutic procedures. Guidelines provide the best possible advice to practicing physicians, clarify contemporary areas of consensus and disagreement, improve standards in clinical practice, and help everyday clinical decision-making. Through its Committee for Practice Guidelines (CPG), the ESC brings together groups of experts from across Europe and beyond to create the content of Guidelines according to a formal process defined in this document. Access to the Full Text version of ESC Guidelines is free and they are also available in a wide range of printed, digital, and online formats as well as a wide range of educational products derived from them in implementation of the ESC mission statement and strategic plan.

2. General

2.1 Purpose: This document formalises the governance, process and procedures for all activities associated with selecting the topics, writing and reviewing, updating, maintaining, and approving the ESC's Clinical Practice Guidelines.

2.2 Scope: This document covers:

- The composition, and functioning of the Committee for Practice Guidelines (CPG), the appointment of its Chair and members of the committee, and the overall roles and responsibilities in developing, reviewing, and approving Guidelines

ESC Classification of Recommendations – COR

Classification of Recommendations for Procedures and Treatments:

Table I Classes of recommendations

Classes of recommendations	Definition	Suggested wording to use
Class I	Evidence and/or general agreement that a given treatment or procedure is beneficial, useful, effective.	Is recommended/Is indicated
Class II	Conflicting evidence and/or a divergence of opinion about the usefulness/efficacy of the given treatment or procedure.	
<i>Class IIa</i>	<i>Weight of evidence/opinion is in favour of usefulness/efficacy.</i>	Should be considered
<i>Class IIb</i>	<i>Usefulness/efficacy is less well established by evidence/opinion.</i>	May be considered
Class III	Evidence or general agreement that the given treatment or procedure is not useful/effective; and in some cases may be harmful.	Is not recommended

ESC Level of Evidence - LOE

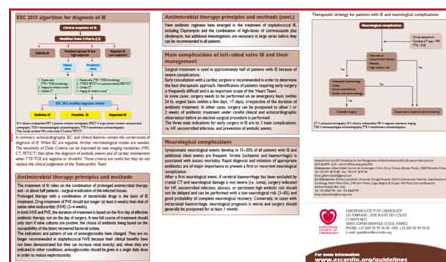
Table 2 Levels of evidence

Level of evidence A	Data derived from multiple randomized clinical trials or meta-analyses.
Level of evidence B	Data derived from a single randomized clinical trial or large non-randomized studies.
Level of evidence C	Consensus of opinion of the experts and/or small studies, retrospective studies, registries.

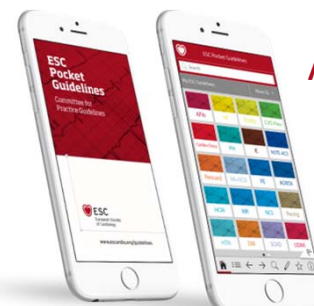
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POCKET GUIDELINES



SUMMARY CARDS



APP



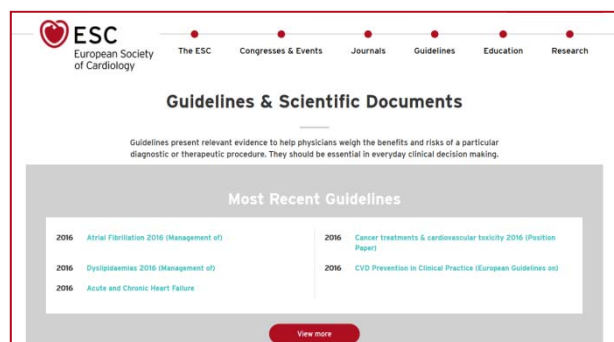
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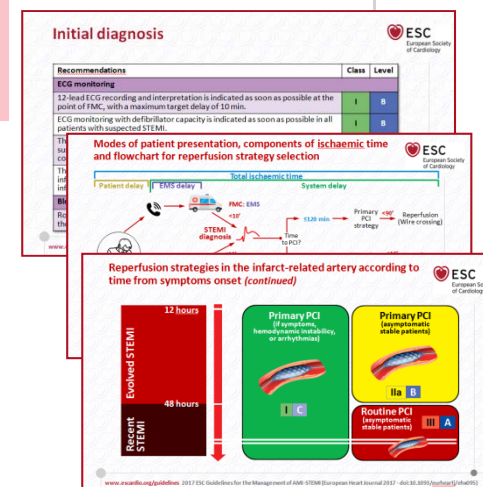
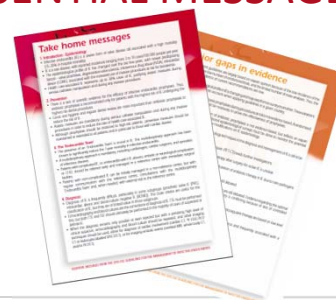
SLIDE-SETS

ESC CARDIOLOGY CLINICAL PRACTICE GUIDELINES & DERIVATIVE PRODUCTS AVAILABLE

WEB SITE



ESSENTIAL MESSAGES



The one and only link to remember: www.escardio.org/guidelines

ESC Guidelines available on professional & social networks



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