

# 5<sup>th</sup> Joint Task Force on cardiovascular disease prevention in clinical practice

Can we learn from the  
experience of JTF4?

## Fifth Joint Task Force on CVD Prevention in Clinical Practice

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2	Dr	Christian	Albus	Germany	International Society of Behavioural Medicine (ISBM)
3	Dr	Pascale	Benlian	France	Council of Basic Cardiovascular Science (CBCS) (Genetician)
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5	Prof	Renata	Cifkova	Czech Republic	ESC/European Society of Hypertension (ESH)
6	Prof.	Guy	De Backer	Belgium	ESC/EACPR - Past TF Chair (3rd Joint TF- 2003)
7	Prof.	Christi	Deaton	UK	Council on Cardiovascular Nursing and Allied Professions (CCNAP)
8	Prof.	Shah	Ebrahim	UK	ESC/Center for Evidence Based Medicine
9	Prof.	Giuseppe	Germano	Italy	Council for Cardiology Practice (CCP)
10	Prof.	Ian	Graham	Ireland	Past TF chair (4th Joint TF - 2007)
11	Prof.	Richard	Hobbs	UK	European Society of General Practice/Family Medicine- Wonca / ESC
					Council on Cardiovascular Primary Care
12	Prof.	Arno	Hoes	Netherlands	European Society of General Practice/Family Medicine- Wonca
13	Dr	Alessandro	Mezzani	Italy	ESC/EACPR
14	Dr	Eva	Prescott	Denmark	ESC/EACPR
15	Prof.	Zeljko	Reiner	Croatia	European Atherosclerosis Society (EAS)
16	Prof.	Lars	Ryden	Sweden	ESC/EACPR
17	Prof.	Mikko	Syvänne	Finland	European Heart Network (EHN)
18	Mrs	Monique	Verschuren	Netherlands	ESC/EACPR
19	Prof.	Christiaan	Vrints	Belgium	Acute Cardiac Care WG
20	Prof.	Edmund	Walma	Netherlands	WONCA: will be replaced
21	Prof.	David	Wood	UK	ESC/EACPR - Past TF Chair (2nd Joint TF - 2001)
22	Prof.	Jose Luis	Zamorano	Spain	Council on Cardiovascular Imaging (CCI)
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# JTF5: Unlike all other guidelines

- The prevention guidelines reflect a partnership between all the major players in prevention and as such are not fully “owned” by the ESC
- This is a great strength but makes the process slower, more complex and requiring time and diplomacy- it is fragile!
- Suggest: Do NOT try control the process excessively- or at least be sensitive

# Format

- Both the full text and the summary are too long
- The concept of using the figures from the pocket guidelines is useful to aid “navigation”
- Suggestions: Shorten the main text.
- Make the summary little more than the pocket guidelines with some explanatory text
- Retain the summary card
- Make background material available as an electronic appendix

# JTF5: Interim updates

- The 4 year cycle between TF Guidelines is too long
- JTF5 would be facilitated by regular updates from JTF4 or JTF5 members
- These could be posted on the website
- If approved by the chairperson, they could be added to the slide kit as updates but in a different livery to identify them as interim news items that might inform JTF5

# JTF5: Grading the evidence

- We rejected the ESC grading system as it gives the highest grading to RCTs, this will inevitably favour drug treatments over lifestyle measures
- The process is not transparent- is a numerical grade evidence based, or just an opinion that has been given a number?
- Some contributors to JTF4 did not seem aware of the principles of EBM, nor of the need to quote available systematic reviews
- Differing types of evidence are needed when considering, for example, lifestyle measures, causality, screening and diagnostic techniques as opposed to therapeutic interventions

# JTF5: Evidence: Suggestions

- The ESC to convene an expert group to consider and revise the present grading system (see Chap 4 in JTF4)
- The ESC or EACPR to organize workshops/teaching courses on how to do a systematic review and grade evidence
- Acceptance as a guideline author might require attendance at such a course
- Guideline authors to be prepared to outline clearly how a grade was assigned and on what evidence
- A new role for the EACPR epidemiology nucleus that might inform all guideline groupings?

# JTF5: Review and approval

- Too complex: between the review and approval processes, suggestions come in 5 times, and indeed more often as deadlines are often ignored
- >1500 suggestions leaves little time for constructive editing, resulting in a very long full text
- Suggestions: Simplify the process to two reviews (which allows approval/disapproval) and one final approval step
- No suggestions to be considered after deadlines
- Indicate that no response within 4 weeks will be taken as approval