



# AHNS Guideline Development: Townhall for the Recon Section



October, 2023

# AHNS Reconstructive Head & Neck Surgery



Jeremy Richmon



Matthew Old

# AAES

Total membership = ~600

# clinical practice guidelines (2009 – 2020)= 4



# AAES: recent guidelines

2022: The American Association of Endocrine Surgeons Guidelines for the Definitive Surgical Management of Secondary and Tertiary Renal Hyperparathyroidism

2020: The American Association of Endocrine Surgeons Guidelines for the Definitive Surgical Management of Thyroid Disease in Adults

2016: The American Association of Endocrine Surgeons Guidelines for Definitive Management of Primary Hyperparathyroidism

2009: AACE/AAES Medical Guidelines for the Management of Adrenal Incidentalomas



# American Association of Oral and Maxillofacial Surgeons (AAOMS)

Total membership = ~11,000

# clinical practice guidelines: none (yet)....

# position papers (2013– 2023): 15



AHNS 1<sup>st</sup> CPG Oral Cancer



## Position Paper

Head and Neck Cancer Screening and Prevention



# AHNS

Total membership = ~1,800

# clinical practice guidelines: 0



# Summary

Society	Membership	# Clinical Practice Guidelines
AAO-HNS	~12,000	28
ASCO	~45,000	109
ASTRO	~10,000	33
ATA	~1,700	10
AAES	~600	4
AAOMS	~11,000	0
AHNS	~1,800	0



# Clinical Guideline Development: past the wild west ...

Past

Lack clear definitions/terminology, rules

No journal input

Multiple units in AHNS involved

Turn around issues

No CSS/CPG !!





# AHNS Reconstructive Head & Neck Surgery



Jeremy Richmon



Matthew Old

# AHNS Whitepaper 2024

## The AHNS Sections



**AHNS Future**

- ✓ Welcome submissions
- ✓ Clear process
- ✓ Simple process
- ✓ Quick turnaround- we serve you
- ✓ We 3 are available anytime if ?s
- ✓ This is FULLY approved by AHNS at multiple levels
- ✓ Need your leadership to successfully deploy

# AHNS White paper landscape

- 1&2 allow current expression
- 3&4 aspirational ~ 2yrs
- Vetted by ~ 15 EBM experts and JAMAOTO and Head and Neck Ed staff

Categories:	I.) Narrative Review endorsed by AHNS	II.) Position Paper endorsed by AHNS	III.) Clinical Consensus Statement (current state) endorsed by AHNS	IV.) Clinical Practice Guidelines (future state) endorsed by AHNS
1.) Objective	To present an up-to-date review for clinicians on a topic of general common interest from the perspective of internationally recognized experts in these disciplines. Focus should be an update on the current understanding of the physiology of the disease or condition, diagnostic and treatment issues.	To present key opinions on central focused topics within the field in a scholarly, thoughtful, and well-referenced. Approach should be systematic and utilize evidence-based methodology. Discussion of controversies/ opposing views of diagnosis/treatment.	To quantitatively assess whether there is a formal agreement regarding proposed statements about diagnosis, management, complications, and/or treatment <sup>1</sup> . More applicable to situations where published evidence is limited or lacking as compared to a CPG and yet there are opportunities to reduce uncertainty and improve care.	To provide recommendations for action or avoidance of action to support evidence-based practice arising from a strong, high level of evidence data <sup>2</sup> . The CPG is quality driven, evidence based, efficient in process, transparent in its methodology, with rigorous COI processes, actionable and multidisciplinary



## AHNS White paper landscape: 4 Categories

- 1- Narrative Review endorsed by AHNS
- 2- Position Paper endorsed by AHNS
- 3- Clinical Consensus Statement endorsed by AHNS
- 4- Clinical Practice Guidelines endorsed by AHNS

- 1 & 2 allow current expression
- 3 & 4 aspirational
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## AHNS White paper landscape: 4 Categories

- 1- Narrative Review endorsed by AHNS
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- 3- Clinical Consensus Statement endorsed by AHNS
- 4- Clinical Practice Guidelines endorsed by AHNS



# AHNS White paper landscape: **#1 Narrative Review endorsed by AHNS**

## **Objectives**

- To present an up-to-date review for clinicians on a topic of general interest
- Focus should be an update on the current understanding of the physiology of the disease or condition, diagnostic and treatment issues

## **Basic format and content**

- Basic format: Narrative review with no key points
- Key Content: General topic overview. No statements or recommendations



# AHNS White paper landscape: #1 Narrative Review endorsed by AHNS

**Level of Evidence:** varies

**Implications:** results provide a timely overview of related literature on a topic fully endorsed AHNS publication.

**Duration & team size:**

- 6 to 8 months

~ 5 or less members



# AHNS White paper landscape: **#1 Narrative Review endorsed by AHNS**

## AHNS Submission and vetting process (will be discussed in depth later)

Notification of AGAB with 1 page outline & an author list

- AGAB reviews & determines the appropriateness in 1 month (+ pre-submission inquiry with Editor of JAMA Oto/Head and Neck to confirm appropriateness of the topic)
- send approval back to the section
- submit the scientific content to AGAB
- approval notification of to the section in 2 weeks





# AHNS White paper landscape: **#1 Narrative Review endorsed by AHNS**

**Other societies engagement:** Encouraged.

AHNS authors are in lead author positions and are proportional to the # of societies involved (e.g.; three sponsor organizations, at least 1/3 of authors are AHNS members).

**Budget:** None

## **Length and format details**

2000-3500 words

50-75 references

<5 Tables and or figures

No Key points

In accordance with the respective journal author guidelines



## AHNS White paper landscape: 4 Categories

- 1- Narrative Review endorsed by AHNS
- 2- Position Paper endorsed by AHNS
- 3- Clinical Consensus Statement endorsed by AHNS
- 4- Clinical Practice Guidelines endorsed by AHNS



# AHNS White paper landscape: #2 Position Paper endorsed by AHNS

## Objectives

- To present key opinions on central focused topics within the field in a scholarly, thoughtful, and well-referenced.
- Approach should be systematic and utilize evidence-based methodology.
- Discussion of controversies/opposing views of diagnosis/treatment.

## Basic format and content

- Basic format: Narrative or systematic review with no key points
- Key Content: Statements of "Opinion"



# AHNS White paper landscape: #2 Position Paper endorsed by AHNS

**Level of Evidence:** Low-level, limited, or potentially contradictory data (Typically)

**Implications:** The results can represent the leading opinions of either the AHNS or the service/section of the AHNS that is fully endorsed AHNS publication.

**Duration & team size:**

- 6 to 8 months
- 8-10 members



# AHNS White paper landscape:

## #2 Position Paper endorsed by AHNS

AHNS Submission and vetting process (will be discussed in depth later)

Notification of AGAB with 1 page outline & an author list

- AGAB reviews & determines the appropriateness in 1 month (+ pre-submission inquiry with Editor of JAMA Oto/Head and Neck to confirm appropriateness of the topic)
- send approval back to the section
- submit the scientific content to AGAB
- approval notification of to the section in 2 weeks

Other societies engagement: Encouraged.

AHNS authors are in lead author positions and are proportional to the # of societies involved (e.g.; three sponsor organizations, at least 1/3 of authors are AHNS members).



Budget: None

# AHNS White paper landscape: #2 Position Paper endorsed by AHNS

## Length and format details

3500 words

50-75 references

<5 Tables and or figures

No Key points

In accordance with the respective journal author guidelines



## AHNS White paper landscape: 4 Categories

- 1- Narrative Review endorsed by AHNS
- 2- Position Paper endorsed by AHNS
- 3- Clinical Consensus Statement endorsed by AHNS
- 4- Clinical Practice Guidelines endorsed by AHNS



# AHNS White paper landscape:

## #3 Clinical Consensus Statement endorsed by AHNS

### Objectives

- To quantitatively assess whether there is a formal agreement regarding proposed statements about diagnosis, management, complications, and/or treatment.
- More applicable to situations *where published evidence is limited or lacking as compared to a Clinical Practice Guidelines* and yet there are opportunities to reduce uncertainty and improve care.





# AHNS White paper landscape:

## #3 Clinical Consensus Statement endorsed by AHNS

### Basic format and content

- Basic format:
  - Expert opinion + formal systematic literature review + Statements of consensus
  - Modified Delphi method recommended to provide strength of author panel consensus
  - Levels of evidence should be described (from the American College of Physicians and can be supplemented with Oxford Centre for Evidence-Based Medicine: Levels of Evidence (CEBM))
  - The review of the literature should be systematic and conducted with the support of a medical librarian and an evidence synthesis should adhere to Guidelines for systematic reviews.
  - Dates of systematic review and database accession and all parameters should be stated.
  - Literature search and articulation of recommendations should adhere to a standardized format (PICO: population, intervention, comparator, outcomes)
- Key Content: Agreed statements based on currently available evidence



# AHNS White paper landscape:

## #3 Clinical Consensus Statement endorsed by AHNS

**Level of Evidence:** Mid-level Data (Typically)

**Implications:** The results represent the quantified and endorsed consensus opinion of the AHNS through approved panel authors.

**Duration & team size:**

- 6 to 8 months
- 8-10 members



# AHNS White paper landscape:

## #3 Clinical Consensus Statement endorsed by AHNS

### AHNS Submission and vetting process (will be discussed in depth later)

- 1- Submission of Clinical Consensus Statement Application Form to AGAB
    - **AGAB** provides scientific review in accordance with guideline methodology science
    - The EC considers global strategy and prioritizes the projects
  - 2- Submission of application form with paper outline and authorship for:
    - a. determination the AHNS White papers guidelines are observed
    - b. Clinical Consensus Statement is prioritized with other submissions given resources required
    - c. Journal selection and notification/collaboration
- pre-submission inquiry with Editor of JAMA Oto/Head and Neck to confirm appropriateness of the topic

**Other societies engagement:** Encouraged.

AHNS authors are in lead author positions and are proportional to the # of societies involved (e.g.; three sponsor organizations, at least 1/3 of authors are AHNS members).



**Budget:** Yes

# AHNS White paper landscape: **#3 Clinical Consensus Statement endorsed by AHNS**

## **Length and format details**

Special Communication

5000 words

75-100 references

5-10 Tables and or figures

In accordance with the respective journal author guidelines



## AHNS White paper landscape: 4 Categories

- 1- Narrative Review endorsed by AHNS
- 2- Position Paper endorsed by AHNS
- 3- Clinical Consensus Statement endorsed by AHNS
- 4- Clinical Practice Guidelines endorsed by AHNS



# AHNS White paper landscape:

## #4 Clinical Practice Guidelines (CPG) endorsed by AHNS

### Objectives

- To provide recommendations for action or avoidance of action to support evidence-based practice arising from a strong, high level of evidence data.
- The CPG is quality driven, evidence based, efficient in process, transparent in its methodology, with rigorous COI processes, actionable and multidisciplinary



# AHNS White paper landscape:

## #4 Clinical Practice Guidelines endorsed by AHNS

### **- Basic format:**

- Follows the Guidelines International Network (G-I-N) standards for development.
- The reporting methodology should be disclosed
- Conflicts of interest need to be managed transparently
- Literature review should be systematic,
- The recommendations should be clearly articulated with accompanying ratings for the levels of evidence and strength of recommendations.
- Literature should be monitored, and guidelines updated when indicated by availability of new evidence.
- Formal recommendations denoted by 1- strength of literature support and 2- strength of recommendation which incorporate the benefit, harms and alternatives.
- Levels of evidence should be described by the Guideline Grading System
- Key action statements can be drafted with the use of BRIDGE-Wiz, Yale Center for Medical Informatics.



# AHNS White paper landscape:

## #4 Clinical Practice Guidelines endorsed by AHNS

### - Key Content:

Recommendations for Action. Key Action statements with profile constructs including:

- Aggregate evidence quality
- Level of confidence in evidence
- Benefit
- Risks, harms, costs
- Benefit-harm assessment
- Value judgements
- Intentional vagueness
- Role of patient preferences
- Exceptions
- Policy level
- Differences of opinion





# AHNS White paper landscape:

## #4 Clinical Practice Guidelines endorsed by AHNS

**Level of Evidence:** High and Mid-level Data (Typically)

**Implications:** The results represent the systematized and endorsed recommendation for action from the AHNS and jointly participating societies through approved panelists.

**Duration & team size:**

- 12 to 18 months
- 15-20 members



# AHNS White paper landscape:

## #4 Clinical Practice Guidelines endorsed by AHNS

### AHNS Submission and vetting process (will be discussed in depth later)

- 1- Submission of CPG Application Form to AGAB
    - **AGAB** provides scientific review in accordance with guideline methodology science
    - The EC considers global strategy and prioritizes the projects
  - 2- Submission of application form with paper outline and authorship for:
    - a. determination the AHNS White papers guidelines are observed
    - b. CPG is prioritized with other submissions given resources required
    - c. Journal selection and notification/collaboration
- pre-submission inquiry with Editor of JAMA Oto/Head and Neck to confirm appropriateness of the topic.

**Other societies engagement:** Encouraged.

AHNS authors are in lead author positions and are proportional to the # of societies involved (e.g.; three sponsor organizations, at least 1/3 of authors are AHNS members).

### **Budget: Yes**

Expect no more than 1 CPG/year (or fewer) initially as budgetary issues are discussed.



# AHNS White paper landscape: **#4 Clinical Practice Guidelines endorsed by AHNS**

## **Length and format details**

Special Communication CPG

>5000 words

> 100 references

>5-10 Tables and or figures

In accordance with the respective journal author guidelines



# AHNS Guideline Advisory Board (AGAB)

Organizational Chart and Process Flow  
First meeting 4/22

# AGAB Advisory Board – Organizational Chart

Gregory Farwell  
**Patient Care Division Chair, EC Liason**

Gregory Randolph  
**Administration Division Chair, EC Liason**

## **AGAB Leadership**

Jennifer Shin, Stacey Ishman, Seth Schwartz Methodology Leads, Baran Sumer Administrative Lead

## **Education Division Chair**

Christine Gourin/Babek Givi

## **New Methodologic Expertise AHNS Volunteers**

Steven Chang, John Cramer, Antoine Eskander, Matthew Geltzeiler, Babak Givi, Zhen Gooi, Cirian Lane, Rosemary Martino  
Leandro Matos, Aru Panwar, Karthik Rajasekaran, Alvaro Sanbria Kerstin, Stenson, Varun Vendra, Mary Xu, Mark Zafareo  
Roger Chow, Methodologist

## **Existing Guideline Service Members**

Ernest Gomez, Miriam O’Leary, Ofer Azoulay, Raymond Chai, John de Almeida, Nicole Fowler, Tiffany Glazer, Greg Kempl,  
Salem Noureldine, Samip Patel, Guy Petruzzelli, Scott Roof, Michael Sim

## **AHNS BSC Admin**

Ochun Farlice, Christina Kasendorf



# AGAB Process Flow – Narrative Reviews & Position Papers

AHNS Sections

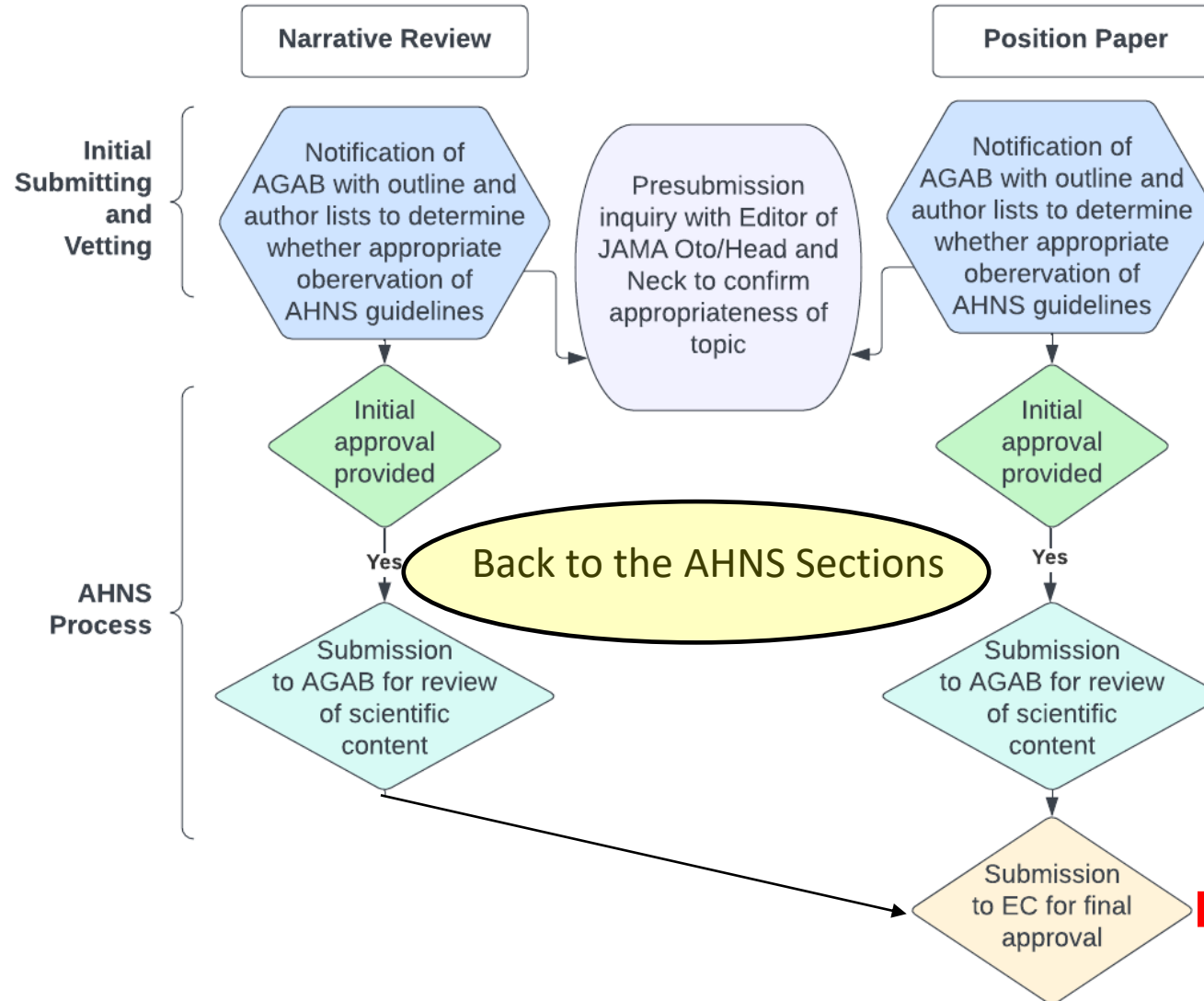


NR or PS Submission:

- One page -

- ✓ Title
- ✓ Author panel
- ✓ Outline

Comes from the Sectional leadership with their approval



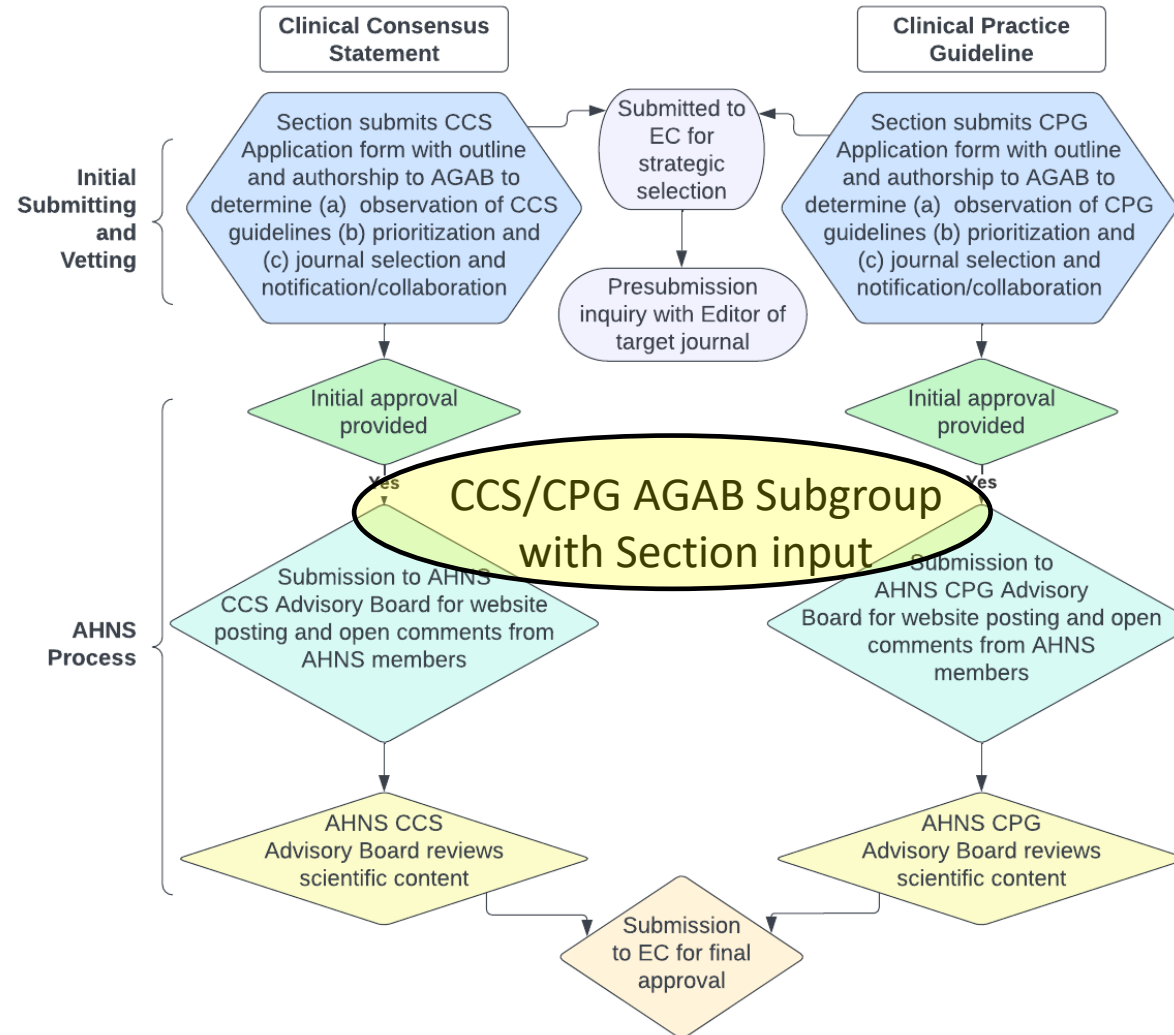
After AHHS approval THEN submitted for separate independent journal PEER REVIEW (JAMAOTO, Head and Neck)



# AGAB Process Flow – CCS and CPG

N=1 paper/2 yrs

AHNS Sections



# Deliverables and Timeline for AHNS first CPG/CSS

- ✓ A single centralized body for all white per activity -- AGAB
  - ✓ AGAB with appropriate manpower/woman power and budget (for CSS/CPG)
  - ✓ Expected increase volume of AHNS Narrative Reviews and Position Papers and first true AHNS CPG within the 2yrs
- =====
- ✓ AHNS guidelines Townhall October to January.
  - ✓ Preliminary deadline for submission from sections of CPG/CSS applications April. Topic selected for first AHNS CPG announces at COSM May 2024

***We are off to the races !!!  
We are here for you 24/7, 365***



Baran Sumer



Greg Farwell



Greg Randolph



# AHNS Reconstructive Head & Neck Surgery



Jeremy Richmon



Matthew Old

Thanks and now ...Q and A