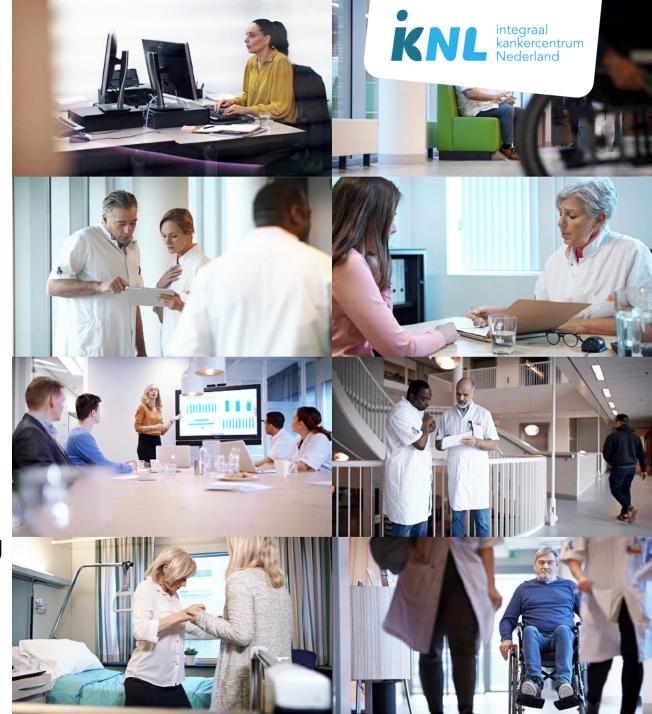


# The Alertness Project

Actuele richtlijnen door structurele signalering



## **Alertness Project**



#### Goal

Keeping guidelines up-to-date by continuously identifying potential topics for revision

#### Aim

#### Alerts based on:

- 1. new scientific developments (based on modifications of the NCCN® guideline)
- 2. variation in clinical practice (based on Real World Data)

#### **Results**

- Methodology for continuous guideline adherence measurements
- Methodology for structured guideline comparison
- Dashboard prototype to visualize guideline adherence
- Procedure to alert guideline developers

Funding



Organizations







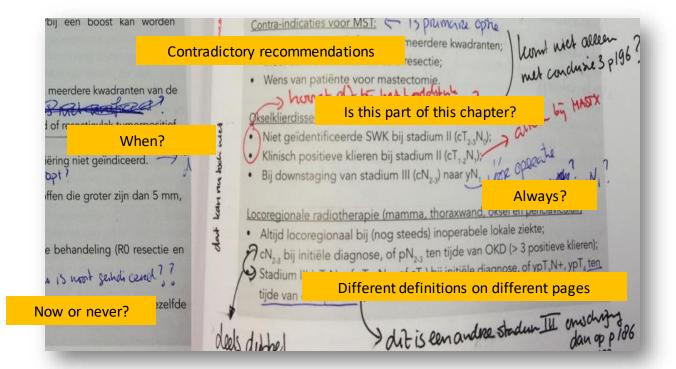


## **Textual guidelines**

#### **Findings**

Guideline recommendations are often intertwined in large texts distributed over different chapters and modules

Textual guidelines often are inconsistent and ambiguous



## Textual guidelines vs. Clinical Decision Algorithms

#### **Text**

If extra-uterine disease is suspected: serum CA125

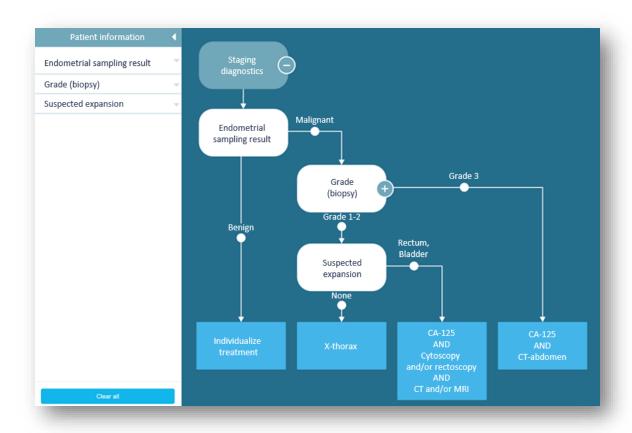
It has been shown that of the imaging techniques (MRI, CT scan, PET scan), the MRI has the best predictive value for determining myometrial invasion, especially when contrast-enhancing agents are used.

#### Basic imaging

- transvaginal ultrasound (see related)
- chest x-ray
- cystoscopy/rectoscopy if complaints and/or symptoms give cause for this

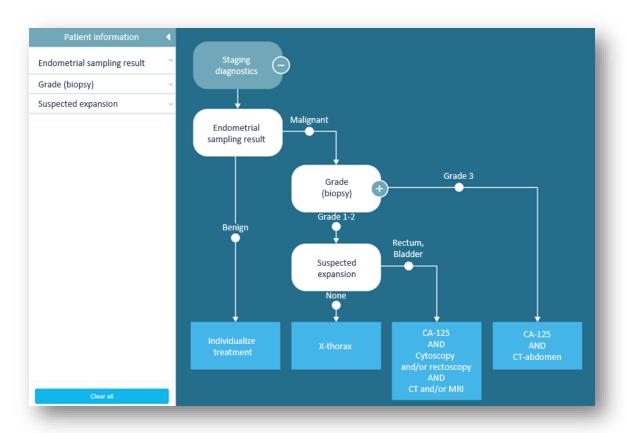
Do not routinely perform a CT scan of the abdomen in women with suspected low-stage low-grade endometrial cancer.

#### **Clinical Decision Tree**

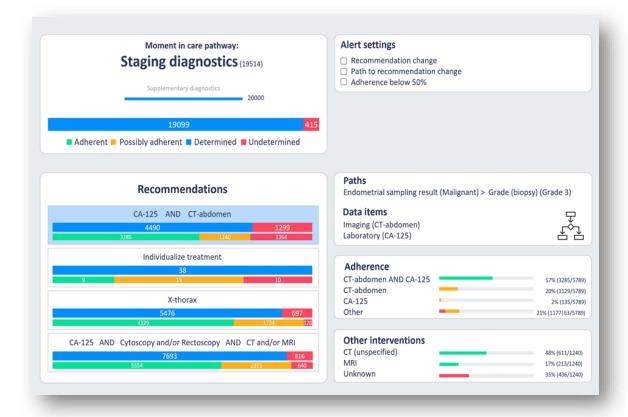


## Clinical Decision Algorithms vs. Dashboard

#### **Clinical Decision Tree**



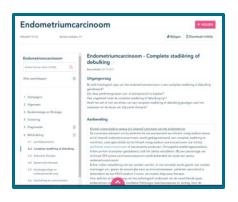
#### **Dashboard**



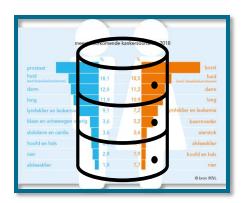
## Visualizing computable guidelines



#### **CPG + Real World Data**







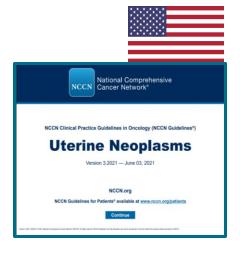




#### **CPG versus CPG**







**CRGO** 

**NCCN** 

CRGO: Committee on Guidelines for Gynecological Oncology

NCR: Netherlands Cancer Registry

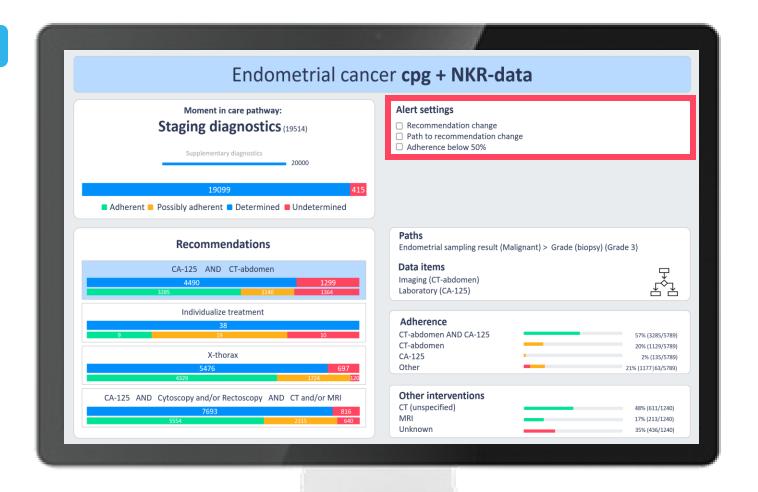
NCCN: National Comprehensive Cancer Network

# Visualising data and recommendations



**Alert settings** 

When do we need to revise a module?







#### Adherence per subpopulation

**Population**: Primary treatment, Endometrioid, FIGO stage I:

→ Recommendation = Total abdominal hysterectomy AND BSO, OR Total laparoscopic hysterectomy

AND BSO

→ Adherence: 82%

**Population:** Adjuvant treatment, endometrioid, stage IA, Grade 1/2:

→ Recommendation = No Adjuvant Treatment

→ Adherence: 98%

#### Adherence trends over time

Recommendation implementation pace

Non-adherent treatment strategies



#### Adherence per subpopulation

#### Adherence trends over time

**Population**: Primary treatment, Endometrioid, FIGO stage I:

→ Recommendation = Total abdominal hysterectomy AND BSO, OR Total laparoscopic

hysterectomy AND BSO

Year	ear Cases		Non-adherent	Other
2017	1019	841 (83)	97 (10)	81 (8)
2018	984	822 (84)	109 (9)	53 (5)
2019	1106	911 (82)	130 (12)	65 (6)
2020	1176	957 (81)	150 (13)	69 (6)
2021	1168	956 (82)	159 (14)	53 (5)

#### Recommendation implementation pace

Non-adherent treatment strategies



#### Adherence per subpopulation

#### Adherence trends over time

#### Recommendation implementation pace

**Population**: Primary treatment, Sereus/Clearcell carcinoma, FIGO stage II:

→ Recommendation:

- <= 2021: Staging

- >2022: Hysterectomy

Year	Cases	Staging	Hysterectomy	Other	
2018	11	6	1	4	
2019	4	0	3	1	
2020	11	7	2	2	
2021	2	1	1	0	
2022	7	4	0	3	

#### Non-adherent treatment strategies



Adherence per subpopulation

Adherence trends over time

Recommendation implementation pace

Non-adherent treatment strategies

**Population**: Primary treatment, Sereus/Clearcell carcinoma, FIGO stage I:

Intervention	Frequency
No surgery	48
TAH AND BSO	88
TLH AND BSO	198
UE incl BSO	<10
TAH (only)	14

Intervention (cont)	Frequency		
TLH (only)	13		
UE wo BSO	12		
Radical UE	<10		
Debulking	10		
Staging surgery*	601		



Adherence per subpopulation

Adherence trends over time

Recommendation implementation pace

Non-adherent treatment strategies

Identification of non-guideline characteristics that influence adherence

**Population**: Primary treatment, Endometrioid, FIGO stage I:

→ Recommendation = Total abdominal hysterectomy AND BSO, OR Total laparoscopic

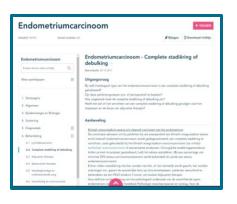
hysterectomy AND BSO

Age	Cases	Adherent	Non-adherent	Other
<=59	1667	1381 (83)	161 (10)	125 (7)
60-69	2377	2063 (87)	178 (7)	136 (6)
70-79	2229	1873 (84)	215 (10)	141 (6)
>=80	974	638 (66)	253 (26)	83 (9)
Total	7247	5955	807	485

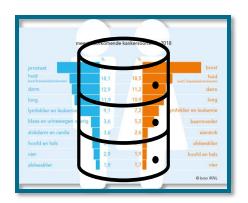
## Visualizing computable guidelines



#### **CPG + Real World Data**







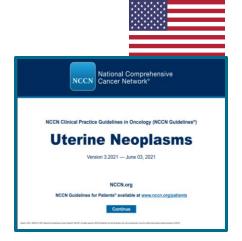




#### **CPG versus CPG**







**CRGO** 

**NCCN** 

CRGO: Committee on Guidelines for Gynecological Oncology

NCR: Netherlands Cancer Registry

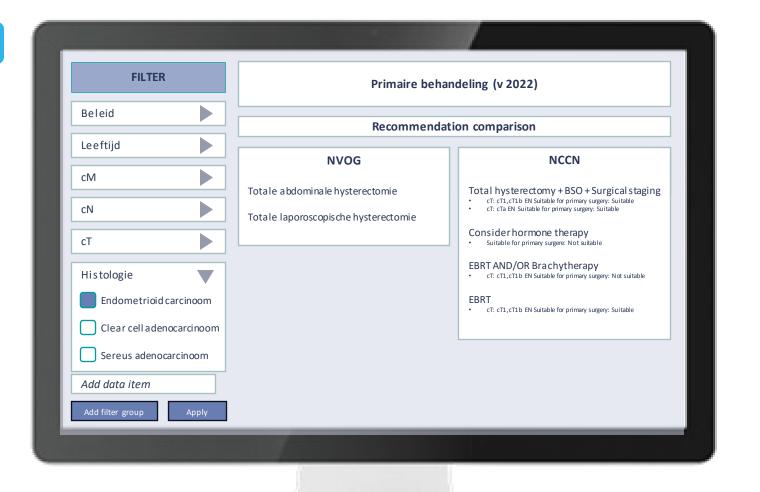
NCCN: National Comprehensive Cancer Network

## Visualising recommendation comparisons



**Alert settings** 

When do we need to revise a module?







**Calculating comparison** 

**Content representation evaluation** 



#### **Calculating comparison**

		No.	No. Interve	No. Recommen	No. Unique treatment		No.	No. Interve	No. Recommen	No. Unique treatment
GOPS	NVOG CDTs	PDCs	ntions	dations	strategies	NCCN CDTs	PDCs	ntions	dations	strategies
Initial di	iagnosis									
	Initial diagnostics	0	3	1	1	Initial evaluation	0	9	1	1
	A dditional diagnostics	1	2	1	1	Initial work-up imaging	4	5	5	5
	Staging diagnostics	3	8	4	4	A dditional chest imaging	3	3	7	3
						A dditional diagnostics	2	4	8	5
						A dditional diagnostics for incidental findings	1	2	2	2
Total		4	13	6	6		10	23	23	16
Initial tr	reatment									
	Primary treatment	8	15	23	12	Primary treatment	9	19	38	21
	Grand total	33	80	76	54		59	109	188	124

## **Content representation evaluation**



## **Calculating comparison**

## **Content representation evaluation**

GOCPS	Primitives	Present in both	SCT	Correlated between guidelines				NVOG only	SCT	NCCN only	SCT
		guidelines									
				NVOG term	SCT	NCCN term	SCT				
Initial di	agnosis										
	CDTs	Additional diagnosis	NA	Initial diagnostics	NA	Initial evaluation	NA	Staging	NA	Initial work-up	NA
								diagnostics		imaging	
										additional	NA
										chest imaging	
										additional	NA
										diagnostics for	
										incidental	
										findings	
	PDCs	Grade	27705900					Ultrasound	0	Fertility	702596005
			2					result		preservation	
								Endometrial	0	MRI	0
								sampling		contraindicatio	
								result		n	
								Suspicion of	0	Type of	106229004
								extension		diagnosis	



### **Calculating comparison**

#### **Content representation evaluation**

Identical and Similar Clinical Decision Trees	Identical populations	Population definition	Reco	Recommendation NVOG		Recommendation NCCN		
Initial diagnostics (NVOG) AND Initial evaluation (NCCN) <sup>v</sup>	1	NA	>	Anamnesis AND Gynecological physical exam AND Transvaginal ultrasound <sup>β</sup>	>	History AND Physical AND Complete blood count AND Endometrial biopsy AND Genetic evaluation of tumor AND Evaluation for inherited cancer AND Consider liver function test AND Consider renal function tests AND Consider chemistry profile <sup>β</sup>		
Additional diagnostics	0							
Primary treatment	0							
Evaluation of staging	2	Result staging=complete	>	Adjuvant treatment •	>	Adjuvant treatment °		
		2. Result staging=Incomplete	>	Restaging	>	NA: Separate algorithm for further policy		
Adjuvant treatment endometrioid carcinoma	5	FIGO-stage=IB AND Grade=1 AND Age<60 AND LVSI=No	>	No adjuvant treatment β	>	Consider observation <sup>β</sup>		
Total	11	<u></u>	2 identical; 5 correlated/overlapping					

## Take home messages



#### Visualising data and recommendations

Translation of text to CDTs using information standards enables reusing data

Combining CDTs and Real-World Data supports a learning health system

This methodology is scalable to other diseases and settings

Computable guideline formats enhance quality of care

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