PRACTICE GUIDELINE TOPIC PROPOSAL FORM INTRODUCTION

Purpose: This form is intended to gather suggestions from the NSGC Membership for Genetic Counseling Clinical Practice Guidelines topics.

Definitions: “Clinical practice guidelines are statements that include recommendations intended to optimize patient care. They are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.”

Clinical Practice Guidelines We Can Trust, Institute of Medicine, March 23, 2011

1. Clinical Practice Guidelines offer evidence-based recommendations and supporting documentation that attempt to conform to Institute of Medicine standards.

2. Practice Resources include a broad category of less rigorous documents relating to information-sharing, and genetic counseling best practices that do not require evidence-based recommendations.

- For more help distinguishing between Clinical Practice Guidelines and Practice Resources please NSGC’s Practice Guideline Development Manual (Table 1 - page 6).
- If you think your topic is best suited for a Practice Resource, please complete NSGC’s Practice Resource Topic Proposal Form

Process:
- The Practice Guideline Committee (PGC) will review each proposed topic.
- The PGC will prioritize topics by relevance to the field and suitability of the topic.
- The PGC will invite submitters whose topics receive top priority to work with the Committee (as needed) to develop a formal proposal.
- The PGC will review the proposal and send it to the NSGC Board for approval.
- The PGC will solicit applications for guideline-specific author groups (Systematic Review group and Practice Guideline author group) to complete the Practice Guideline.
Clinical Practice Guideline Topic Proposal

Please submit this document to PGC Staff Liaison, Molly Giammarco with the subject line “Practice Guideline Topic Proposal Form.”

Title / Topic:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Background (1-2 paragraphs):
- Description of the issue/disease/intervention
- What are the gaps in care?
- Why is it important for NSGC to review the evidence and create a guideline on this topic?
- Why is this a priority for an NSGC evidence-based guideline?

Existing guidelines or systematic reviews on this topic? (List citations for any current systematic reviews or guidelines that are available or in process)

Please propose a draft clinical question: (See instructions below)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Your participation:

☐ Click here if you are willing to work with a member of the Practice Guidelines Committee to develop this TOPIC into a full guideline PROPOSAL.

Names / professional position / contact information of submitters:
DEVELOPMENT OF CLINICAL QUESTION

Questions should fall into one of three broad categories:

- **Category A**: Question about a therapeutic intervention and if it can be recommended for a specific group (this can include a clinical process – e.g. telephone counseling, or a drug, a screening test, a genetic test, etc.)
- **Category B**: Questions regarding diagnostic or prognostic accuracy of a test or process to predict an outcome (this can be of a test, a screening questionnaire, or other process)
- **Category C**: Questions regarding population screening (should any one population – e.g. all women with breast cancer under 40, all pregnant women, etc. – meet with a genetic counselor, be offered a test, etc.)

To the extent possible, questions should be in “PICOTS” format. PICOTS stands for Population, Intervention, Comparison group, Outcomes, Time, Setting—domains that are included as appropriate in the questions. Relevant outcomes are usually in terms of the effectiveness, safety, and tolerability of the outcome. Please see Step 1 of the Practice Guideline Development Manual for more details.

**PICOTS Example**: *In cancer patients (Population) is pre-test telephone genetic counseling (Intervention) as effective as in-person genetic counseling (Comparison) in patient knowledge, decisional-satisfaction, and clinical utilization of test results (Outcomes) in guiding treatment and follow-up (Timing/Setting).*