# Executive Summary

Who we are and what we do | 4  
What are guidelines and why are they important? | 5  
What are the key challenges for guideline development? | 5

## Our strategic ambition

**Strategic Goal 1:** EAU Guidelines building on a solid foundation for dynamic living Guidelines | 6
**Strategic Goal 2:** Building a collaborative network of all CPGs stakeholders | 8
**Strategic Goal 3:** Maximising our impact through improved CPGs uptake and adherence | 10
**Strategic Goal 4:** Application of real-world evidence in the CPGs development process | 10

## How will the strategic plan be implemented? | 12

**EAU Guideline High-level Strategic Plan 2022 - 2027** | 13
We are delighted to present our five year European Association of Urology (EAU) Guidelines Office (GO) strategic plan, designed to ensure the EAU produces the most methodologically rigorous and clinically relevant guidelines for use by healthcare professionals, patients and policy makers worldwide. This strategic plan sets out an ambitious vision for our future, embarking on a trajectory that will ensure innovation in clinical practice guidelines (CPG) development as well as use of best practices during the development process.

By identifying and focusing on four strategic goals, not only do we build upon the solid foundation already formed over the past 21 years but ensure maximisation of the impact that our CPGs have through collaboration with other CPG stakeholders and the incorporation of real-world evidence. All in an effort to continually ensure improved healthcare and wellbeing is provided to all urological patients.

This strategic plan is a genuine confirmation of the EAU GOs dedication to meeting our future goals and we remain committed to ensuring its implementation.

EAU Guidelines Office Board

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Who we are and what we do

Many guidelines for urological practice exist, but the most comprehensive and regularly updated are those developed by the European Association of Urology’s (EAU) Guidelines Office (GO); which are endorsed by 75 national urological and medical societies worldwide. The EAU clinical practice guidelines cover 21 topics, each focussing on a specific urological subspeciality. Within each guideline there are numerous recommendations, each requiring a summary of the evidence and a strength rating. There are approximately 300 members of the EAU GO’s panels, including clinicians, nurses and patient representatives, all of whom have been trained in systematic review methodology and guideline production by the EAU GO’s Methods Committee.

Our aim is to develop best practice recommendations primarily for frontline urologists, but also for patients to support shared decision making and, increasingly, the shift to more individualised patient-centred care. Our guidelines play a critical role in driving the adoption of best practice in urological care, helping to ensure patients receive evidence-based interventions that take their values and preferences into account.

For more information about the European Association of Urology: uroweb.org
What are guidelines and why are they important?
Clinical Practice Guidelines distil the clinical evidence base into actionable recommendations. A careful systematic review process based on transparent and reproducible methodology underpins these recommendations. CPGs are important because they promote the standardisation and use of clinically appropriate and cost-effective care and mitigate against harmful practices. Ultimately, adherence to high-quality CPGs is associated with improved patient outcomes.

What are the key challenges for guideline development?
The optimal process to develop CPGs is complex as it requires constant work from many highly skilled personnel including clinical and methodological experts, patient representatives, and project managers with further resources required for meetings, publication, and educational and dissemination activities. This makes the CPGs development process highly-demanding with a need for multi-disciplinary personal and dedicated resource budgets.

Ultimately, regardless of the rigour of the methodological processes, the recommendations are only as reliable as the studies on which they are based. The results of numerous RCTs may disagree, or numerous observational studies are available, but selection biases potentially lead to exaggerated effect sizes, or there may be very few studies with methodological flaws on which to base recommendations.

Where published primary research evidence is non-existent or the certainty of the evidence is very low, there is increasing interest in the use of real-world evidence to fill evidence gaps. The real-world evidence revolution has significant implications for the EAU GO. New digital technologies, such as artificial intelligence, and software as a medical device, will provide the opportunity and potential for transforming how we develop CPGs. The meaningful use of real-world evidence will play an increasingly important role in healthcare decision making and in measuring the actual impact of those decisions in clinical practice. The ability to link real-world evidence with evidence-based practice will drive a shift from recommendations being produced at a single ‘static’ point in time to more dynamic, living guidelines. This will require adaptations in CPGs development methodology. Furthermore, CPGs developers will need to set clear criteria for defining the quality of observational data.

Over the next five years there will be an increasing focus on efficiency, avoiding duplication and on optimising the sharing of evidence reviews, methods and knowledge between national and international bodies. The EAU GO will focus its resources on the high priority areas where it is uniquely placed to add the greatest value and have the biggest impact. National healthcare systems will need to make difficult choices about the affordability and cost-effectiveness of treatment options. This will increase the importance of the role of CPGs as they should provide clear recommendations on the effectiveness of interventions. They should identify interventions that benefit both patients and their families as well as indicate which interventions should be funded/reimbursed and which interventions should not. Furthermore, the environmental effects of specific treatments should be taken into account.
Our strategic ambition

In the process of considering where the EAU GO should focus its efforts for future development, four overarching strategic goals have been identified. These will ensure that the EAU GO supports innovation in CPG development to improve the health and wellbeing of urology patients. Through the identification of clear milestones the EAU GO will monitor their progress towards achieving their strategic goals.

These four strategic goals do not cover all aspects of the EAU GO, but represent the areas were the greatest amount of effort will be invested, as the EAU GO believe that succeeding in these areas will have the biggest impact on urological patient care in the next five years.

Overview of our strategy 2022 to 2027

Strategic Goal 1: EAU Guidelines building on a solid foundation for dynamic living Guidelines

Strategic Goal 2: Building a collaborative network of all CPGs stakeholders

Strategic Goal 3: Maximising our impact through improved CPGs uptake and adherence

Strategic Goal 4: Application of real-world evidence in the CPGs development process

Strategic Goal 1: EAU Guidelines building on a solid foundation for dynamic living Guidelines

Over the next five years the EAU Guidelines will expand the focus of our CPGs to include topics not yet fully elucidated in the current guidelines. We will move from continual update of overall guidelines to a more modular approach where applicable. Allowing for the rapid assessment of the evidence-base for specific sub-topics within a guideline. This will allow us to focus on rapidly evolving treatment modalities producing more dynamic living recommendations for these fast moving areas. Furthermore, the EAU GO has prioritised a number of topics for expansion of the current guidelines including:

- **Disease prevention**
  
  As the focus shifts towards maximising efficiency in healthcare systems it has become increasingly evident that CPGs should focus not only on disease treatment, but also on disease prevention, and the promotion of healthy behaviours which limit disease development or progression. This should be coupled with a focus on developing a healthy environment that supports wellbeing and limits peoples exposure to damaging toxins and chemicals.

- **Complication treatment**
  
  Throughout the CPGs many references to treatment complications for recommended interventions are made; however no evidence-based recommendations on how to address these are offered to healthcare professionals. Neither is patient guidance provided on how to treat or limit the impact of complications arising from treatment interventions. This is an area that requires focused attention in the coming years.

- **Survivorship**
  
  It is broadly accepted that cancer survivorship begins at the time of diagnosis and continues until end of life and is referred to as ‘living with and beyond cancer’. Nationally and internationally, there is an increasing focus in understanding the needs of cancer survivors. However, survivor-
Survivorship care includes issues related to follow-up care, the management of late side-effects of treatment, the improvement of quality of life, psychological and emotional health as well as future treatment. It is focused on supporting patients to move on with their lives and the lives they knew before they were interrupted by the disease. Survivorship is an important aspect of urological cancer care that is lacking in the EAU CPGs, addressing this is a key priority in the coming five years.

- **Core Outcome Sets (COS) and Patient Reported Outcome Measures (PROMs)**
  To aid the maximisation of efficiency in health care services, the EAU GO will focus on moving towards identifying COS and PROMs for applicable CPG areas. This will enrich the guideline and enhance clinical practise by establishing knowledge synthesis that is unambiguous, free of publication bias and focused on meaningful endpoints for both patient, clinician, and policy maker. It will enrich the relevance and applicability of findings, reducing research waste and identify outcome measures that are important for patients with lived experience of their healthcare condition.

- **Cost-effectiveness**
  Traditionally, the EAU Guidelines have chosen not to address cost-effectiveness of treatment options due to the differing healthcare systems across Europe. However, there is an increasing interest in the concept of “value” and its use in defining and guiding appropriate clinical practice. Cost-effectiveness analysis (CEA) attempts to estimate the value of expenditures on procedures or treatments that is returned to patients in outcomes, such as longer life or better quality of life. It allows healthcare policy makers to prioritise healthcare interventions that have the potential of providing the greatest impact on patient outcomes relative to their costs. This approach can allow investment in interventions of proven outcome and disinvestment in low value or ineffective interventions. Incorporation of CEA into CPGs faces many challenges; however, if the EAU are to remain relevant to healthcare policy markers across Europe, then this is an area that must be developed over the next five years.

**To deliver this strategic goal the EAU GO proposes to:**
1. Establish internal working groups per panel to assess the evidence base and provide recommendations on prevention and health promotion strategies for all urological sub-specialities. Project to be initiated with 4 pilot topics - 2 oncological and 2 non-oncological.
2. Expand the remit of the EAU CPGs to include COS and PROMS as well as provide recommendations on management and treatment options for treatment complications.
3. Establish a multidisciplinary ad-hoc EAU CPGs panel on Survivorship with the aim of producing a guideline on survivorship for urological cancers.
4. Adopt and/or adapt a guideline methodology that is quicker, more flexible, that answers the most important questions.
5. Adopt an interactive guideline structure that facilitates links to the underpinning evidence and supports shared patient clinician decision making.
6. Support collaboration between CPG panels, with the aim of producing high impact recommendations and eliminating the duplication of work.
7. Launch a cost-effectiveness analysis pilot for a prioritised list of recommendations form the EAU Guidelines. Recommendations piloted will be selected based on predefined criteria set out in the analysis protocol. This work will be undertaken in collaboration with healthcare economists.
Strategic Goal 2: Building a collaborative network of all CPGs stakeholders

The EAU is one of the many medical societies that develop CPGs across Europe. The COVID-19 pandemic has highlighted the need and importance of more national and international collaborations with the main focus of combining resources and capabilities to benefit people’s health and wellbeing.

• **Promoting a collaborative working environment**
  Improved collaboration with other national and international medical and scientific organisations to optimise CPGs methodology and development will be critical as the world faces tough post-pandemic fiscal challenges. To facilitate this the EAU GO will establish a clear policy for national and international collaborations with urological and non-urological societies to promote the development and implementation of high-quality recommendations taking into account applicability at the national level.

• **Enabling effective communication with stakeholders**
  Dissemination should be an active process in which tailor-made information is actively imparted to the appropriate audience. Critically, it should involve the conversion of the information into multiple forms so that the most appropriate and easily understood message is conveyed to each individual stakeholder. To achieve this the EAU GO will produce a context-specific dissemination and communication strategy designed to ensure effective communication of our objectives, ongoing work and outcomes to pre-defined stakeholder groups. A strong dissemination strategy relies upon: reciprocal communication; specifically produced targeted messages for individual stakeholders; and methods to evaluate the effectiveness of each dissemination tool, allowing the EAU GO to continually revise and improve its dissemination strategy.

• **The patient voice in CPGs development**
  The impact of the EAU CPGs is underpinned not only by a stringent methodology, but also by the multidisciplinary nature of the panels including the involvement of patient representatives. The EAU GO is committed to ensuring that patient engagement is meaningful and that patients receive training and are equipped with the necessary skills to allow effective contributions for the production of the guidelines. Furthermore, the GO will focus on the translation of often-technical guideline documents into into easy-to-understand lay summaries for patients, their caregivers, nursing practitioners and all other health care providers. Ultimately empowering patients and their caregivers to partake in shared patient clinician-decision making as well as become a driving force for CPGs uptake.

“The main focus of combining resources and capabilities is to benefit people’s health and wellbeing”
To deliver this strategic goal the EAU GO proposes to:

1. Develop a clear EAU GO Collaboration Policy that covers potential collaborative projects at the national, international and Pan-European level.

2. Improve the collaboration with other national and international CPGs producing organisations, to streamline development processes and share evidence reviews. A phased approach will be undertaken and focus on prioritised areas.

3. Produce a context-specific dissemination and communication strategy designed to ensure effective communication of our objectives, ongoing work and outcomes to pre-defined stakeholder groups.

4. Establish a EAU GO patient representative working group. This group will lead the development of recommendations and a working model for patient participation in CPGs development. This group will be responsible for the development of a patient role description, handbook and patient-specific CPGs methodology training module.

5. Build a network of trained patient representatives across all panels with links to larger patient organisations. To deliver our goals for points 4, 5 and 6 we will build a strong collaborative working relationship with the EAU Patient Office.

6. Develop lay summaries of prioritised CPGs. This will gradually be extended to cover all areas of the EAU CPGs.
Strategic Goal 3: Maximising our impact through improved CPGs uptake and adherence

It has been shown that even when cumulative evidence clearly supports a clinically effective practice, passive dissemination through publication of CPGs alone is rarely enough to effect widespread guideline adherence. The guidance given may not be accepted by all, or not possible to implement as intended in all circumstances, and the reasons for this are often complex. Among the most serious consequences of not adhering to guidelines include failing to provide optimal care, potential for patient harm, unnecessary healthcare system expenditure, and research waste.

If implementation interventions are to show evidence of success, they should not only include outcomes relating to clinician behaviour changes (e.g., increase in guideline adherent practice) but to be more meaningful should also include the capture of other relevant outcomes such as patient outcomes (e.g., cancer recurrence or quality of life). Only then can we provide compelling evidence that guideline adherence improves patient outcomes, reduces harms, as well as reduce costs.

The potential for mass guideline adherence surveillance in the European urology setting is possible by engaging the national societies networks to collaborate in the EAU GO IMAGINE project, as well as the EAU GO coordinated projects PIONEER and OPTIMA (Optimal treatment for patients with solid tumours in Europe through Artificial Intelligence (see strategic goal 4))

To deliver this strategic goal the EAU GO proposes to:
1. Actively communicate to all key stakeholders the importance of reliably capturing and reporting data on patient outcomes, practice variations, guideline adherence and the impact of adherence & non-adherence on outcomes.
2. Complete and publish the pilot IMAGINE project looking at ADT and prostate cancer.
3. Build on the Pan-European Collaborative network establish in IMAGINE measuring baseline adherence to prioritised recommendations from EAU CPGs.
4. Test the effectiveness of implementation interventions such as computerised decision support and audit and feedback trough OPTIMA (see strategic goal 4).

Strategic Goal 4: Application of real-world evidence in the CPGs development process

Institutions and organisations across Europe have rich databases with detailed health information on large numbers of patients. Big data in healthcare refers to the collection, analysis, and leverage of patient, physiological, and medical data that is too large or complex to be understood by conventional methods of data processing. If linked together, this ‘big data’ has the potential to allow researchers to identify as yet unknown patterns and dependencies which may present the key to more effective treatment options for patients across a wide spectrum of diseases, including urology.

The European Commission started efforts towards a common European Health Data Space which will promote better exchange and access to different types of health data (electronic health records, genomics data, data from patient registries etc.), not only to support healthcare delivery (primary use of data) but also for health research and health policy making purposes (secondary use of data).
The EAU GO strives to be leaders for the implementation and development of innovative approaches in using real-world data and data-analytics to inform CPGs development. A key indicator of this will be the proportion of guidelines recommendations that are informed by real-world evidence.

To deliver this strategic goal the EAU GO proposes to:
1. Continue to develop the Arezzo project in collaboration with our research partners. Arezzo is a declarative Artificial Intelligence (AI) system that enables static guideline content to be transformed into active computer-interpretable guidelines. A pilot focused on bladder cancer is currently running and will be extended to prostate cancer and urinary incontinence over the next five years.
2. Continue to drive the European Commission (EC) IMI funded PIONEER project, coordinated by the EAU GO which aims to make best use of the real-world data available in the prostate cancer arena and use Big Data analytics to answer prioritised research questions. The Big Data platform and analytic tools developed by PIONEER will allow the consortium to answer pressing knowledge gaps in prostate cancer care through large scale observational studies encompassing real-world data.
3. Through OPTIMA, another EAU coordinated EC IMI funded project focused on providing optimal treatment for patients with solid tumours in Europe through Artificial Intelligence, the EAU aim to embed computer interpretable guidelines within Electronic Health Records (EHR). It also intends to test the effectiveness of implementation interventions such as computerised decision support, audit and feedback. The innovative tools developed by OPTIMA will offer the urological community the opportunity to further standardise practice based on high quality CPGs and more importantly demonstrate the impact of such standardisation through continuous monitoring of improvement of patient outcomes, reduction in harms and improvements in healthcare efficiency.
4. Support the EAU in the establishment of an organisation-wide EAU Evidence Hub that would serve the purposes of the EAU as well as feed into the activities and deliverables of the various EAU Offices. The role of the GO will be critical as we navigate the methodologies around incorporation of real-world data alongside traditional published trials and prospective non-randomised studies to underpin CPG recommendations.

Whilst focused initially on oncology the knowledge and infrastructure developed during all four projects will uniquely position the EAU GO and its collaborators to implement real-world analytical methods across a wide spectrum of disease areas. Establishing the EAU as a progressive leader in this emerging field.
How will the strategic plan be implemented?

This strategic plan will be implemented over the next five years by aligning it with the overall strategic plan of the organisation. The success of the EAU GO relies on a close working relationship with all offices within the EAU. Effective internal communication and collaboration is a key strategic goal for the organisation as a whole. Achieving the ambitions outlined will involve close collaboration with external partners and stakeholders, staff, Guideline Office members and supporting committees and the Guidelines Office Board, all of whom will have an important role to play in its delivery. In achieving its ambition the EAU GO will strive to contribute to the overall ambitions of the EAU by:

- Convening panels, committees and working groups in a transparent and equitable way that supports diversity; therefore, ensuring all stakeholder voices and opinions are considered.
- Maintaining and supporting transparency in all aspects of the CPGs development process to build strong working relationships with end users of the Guidelines.
- Developing a context-specific communication and dissemination strategy for the EAU Guidelines that allows us to reach all stakeholders in a way that is specifically adapted for them.
- Improved digitalisation of the EAU Guidelines aiming to ensuring the EAU Guidelines are user friendly and available in multiple formats for end users.
- Building a sustainable infrastructure that will support the continued development of the EAU Guidelines now and into the future.

To ensure oversight of the strategic goals, individual staff members supported by a dedicated Board member will take responsibility for designated topics and actions. This will allow monitoring and tracking of the progress on delivering the strategic ambitions through periodic updates and routine reporting at all Guideline Office Board meetings and in twice yearly EAU Board Reports.

Partnerships and collaboration will be essential ingredients for successful implementation of the strategy. The EAU GO will build on existing relationships and foster new ones to work more closely and collaboratively, with a focus on the strategic priorities where collective resources and capabilities are critical to the successful delivery of both the EAU GO ambitions and those of the collaborators.

This strategic plan is a living document that will continually be reviewed and adapted to allow the EAU to respond to new trends and changes in CPGs development and healthcare globally.
## EAU Guideline High-level Strategic Plan 2022 - 2027

### Strategic Goal 1: EAU Guidelines building on a solid foundation for CPGs expansion

| 1 | Expand remit of the EAU CPGs (prevention, survivorship, treatment complications) | Launch cost-effectiveness analysis pilot | Produce pilot guidelines and selected recommendations in new interactive format |

### Strategic Goal 2: Building a collaborative network of all CPGs stakeholders

| 2 | Expand patient & stakeholder engagement in the EAU CPGs development process | Develop a context specific collaboration policy with national and international urological and non urological societies. | Improve communication and dissemination of our objectives to predefined stakeholder groups. |

### Strategic Goal 3: Maximising our impact thorough improved CPGs uptake and adherence

| 3 | Develop an implementation strategy for the EAU CPGs | Expand monitoring of guidelines adherence and implementation | Explore partnerships and collaborations to improve the dissemination of the EAU CPGs |

### Strategic Goal 4: Application of real-world evidence in the CPGs development process

| 4 | Launch EAU Evidence Hub covering digital health and real-world evidence | Develop real-world data methods and standards for CPGs development | Establish research and data partnerships linked to the EAU Evidence Hub and Data Haven |
| Embed selected EAU Guidelines in decision support tools | Publish computer interpretable CPGs on selected topics | |
For more information about the European Association of Urology:
uroweb.org/