- 1 IMAGINE IMpact Assessment of Guidelines Implementation and Education: the next frontier for
- 2 harmonising urological practice across Europe by improving adherence to Guidelines
- 3 Total word count: 1158
- 4 Take home message: Adherence to national and international clinical practice Guidelines is
- 5 suboptimal throughout Europe. The EAU Guidelines Office "IMAGINE" project has been developed
- 6 to measure baseline adherence to urological Guidelines recommendations across Europe and to
- 7 identify issues which drive non-adherence.
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The delivery of high-quality evidence-based healthcare strongly depends on the translation of scientific evidence into clinical practice guidelines (CPGs). Evidence based CPGs can improve practice in terms of quality and outcomes of healthcare <sup>1</sup> by encouraging interventions of proven benefit and discouraging ineffective or harmful interventions <sup>2-4</sup>. CPGs have also been shown to improve the consistency of healthcare, promoting homogeneity in levels of care for similar clinical problems independently of the healthcare professional, institutional setting or country <sup>5</sup>. Adherence to national and international CPGs is suboptimal throughout Europe. Even with the availability of comprehensive urological CPGs, based on standardised and high-quality methodology, a significant gap still exists in terms of CPG application in clinical practice <sup>6-8</sup>, hampering the delivery of high-quality urological care <sup>9</sup>.

The issues which drive non-adherence to urological CPGs are not well understood. The EAU Guidelines Office "IMAGINE" project (IMpact Assessment of Guidelines Implementation and Education) has been developed to identify impediments and design solutions. Implementation science is the appropriate framework to identify the barriers to knowledge transfer, or more importantly, the optimum interventions to limit or overcome such barriers to improve CPGs adherence allowing for the optimisation of healthcare resources whilst ultimately improving patient outcomes <sup>10</sup>. In order to design interventions to increase adherence to CPGs, we must first measure baseline adherence to CPGs across Europe. To effectively measure baseline adherence, IMAGINE has launched a European wide multi-centre retrospective observational study in collaboration with European National Urological Societies endorsing the EAU Guidelines. At present, the EAU Guidelines are endorsed by 86% of European countries, including all 27 EU Member States. Before an audit of guideline adherence is commenced, all participating National Societies are asked to complete a brief survey that assesses if they have National Guidelines covering the same recommendation as the one being audited and if so, to what extent the guidance differs.

IMAGINE reviewed all EAU oncology guidelines for 'strong' recommendations with level 1a evidence (1a: meta-analysis of randomised controlled trials). The group then surveyed oncology panels to prioritise the identified level 1a recommendations for which there was known/suspected

heterogeneity in practice and where addressing the heterogeneity would likely have a positive impact on patient outcomes and/or economic burden. Using this method, the following recommendation was prioritised for the pilot study: Do not offer neoadjuvant androgen deprivation therapy (ADT) before surgery in men with locally advanced or high-risk prostate cancer. In this context, initial studies in Italy have estimated that a quarter of prostate cancer patients received ADT contradictory to the recommendation of the EAU Prostate Cancer Guidelines, with approximately 50% receiving ADT prior to surgery <sup>6</sup>. Misuse of ADT was associated with increased costs for the healthcare system and higher rates of avoidable side effects for patients. It is unclear why ADT is prescribed by some clinicians against the recommendations of the EAU Guidelines especially given the high certainty of the evidence upon which the current EAU ADT Guidelines recommendation is based. Whilst informative, the current studies do not give a high enough resolution of practice across Europe and a more methodologically robust audit is required.

 To map ADT practice patterns across Europe, IMAGINE has created a bespoke online data collection platform. In collaboration with the European National Urological Societies, IMAGINE will identify 8 or 16 sites per country (nations with populations >35 million contributing more sites), covering high and low volume centres (high volume defined as >50 prostatectomies/year), academic and community hospitals, and public and private hospitals. Each site will have a nominated site coordinator who will be responsible for retrospectively auditing 20 (low volume centre) or 40 (high volume centre) eligible patients using an inbuilt random date generator to identify cases in an unbiased way. No identifiable personal participant or patient information will be collected, the hospitals will be reviewing data on their own patients (which they will confirm that they have the right to do, as secondary medical research, subject to any variations in data privacy law implemented in their country) and no personal data will be transferred to or processed by IMAGINE, hence IMAGINE's collation and analysis of the audit results of each site will not include the processing of personal data and so the General Data Protection Regulation (GDPR) will not apply. This audit is classified as service evaluation and does not require sponsorship and ethical review.

The audit will provide a robust map of guideline adherence to ADT recommendations in Europe as well as a validated platform to map adherence to other recommendations. The key to changing nonadherent behaviours is to understand what is initiating and maintaining undesirable behaviours, and what might facilitate desirable ones <sup>11</sup>. The ADT adherence map will inform sampling for the second phase of the project: a behavioural theory informed investigation into the barriers and facilitators to adherence to the ADT recommendation. By incorporating content analysis of National and/or local guidelines, local policies and pathways and semi-structured interviews organised using the theoretical domains framework (TDF) 11,12 in a sample of European countries, IMAGINE will elucidate how organisational, social, environmental, and personal factors may influence how healthcare professionals manage patients in a range of settings. A similar investigation of barriers to ADT deimplementation in the Unites States is underway and we look forward to learning from their results <sup>13</sup>. Ultimately, the contextual information gathered in the qualitative studies will inform the development of targeted interventions tailored to local contexts aiming to improve adherence, this is critically important as interventions are more effective when designed to address local barriers <sup>14</sup>. Finally IMAGINE will map the findings to the Behaviour Change Taxonomy 15 to enable us to identify potential behaviour change interventions, which we will aim to test using randomised or controlled before and after designs.

Figure 1: IMAGINE framework outlining the movement of recommendations from CPGs to clinical practice based on the knowledge-to-action framework <sup>16</sup>.

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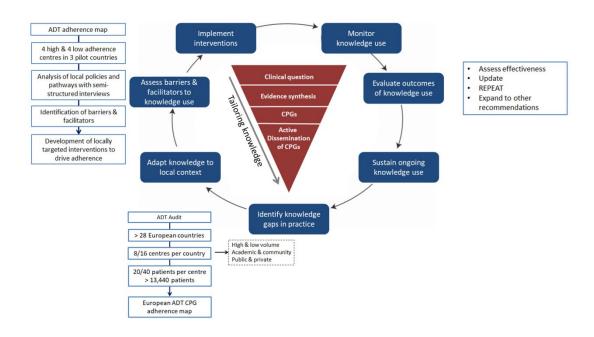
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**Funding statement:** The IMAGINE ADT audit is supported by a seeding grant from the EAU Research Foundation.

Financial disclosures: Philip Cornford certifies that all conflicts of interest, including specific financial interests and relationships and affiliations relevant to the subject matter or materials discussed in the manuscript are the following: Alberto Briganti is a company consultant for Astellas, Janssen, Opko Health, MDx Health, and Bayer; received company speaker honorarium from Astellas and Ferring; and received research support from Sandoz. Philip Cornford is a company consultant for Astellas, IPSEN, and Ferring; received company speaker honoraria from Astellas, Janssen, IPSEN, and Pfizer; participated in trials run by Ferring; and received fellowships and travel grants from Astellas and Janssen. Thomas Knoll is a company consultant for Storz Medical, Dornier, Olympus, and Boston Scientific; received company speaker honorarium from Boston scientific; received fellowship/travel grants from Cook and research support from Dornier. Nicolaas Lumen received company speaker honorarium from Bayer and Janssen; participated in trials run by Janssen, Roche, Pfizer Belgium and AstraZeneca N.V.; and received grant/research support from Bayer and Janssen. Maria J. Ribal received company speaker honorarium from IPSEN, Janssen, and Astellas; and holds a patent for 'Method for non-invasive diagnosis of bladder cancer', European Patent Office (Grant number: 13382030.8-1403. Entity holder: Fina Biotech, S.L.U. June 2007). Anders Bjartell is a company consultant for Astellas, Janssen and Bayer; received speaker honorarium from Astellas, Janssen, IPSEN, Bayer, and Ferring; participated in trials run by Astellas, Janssen, Pfizer, Ferring, and Myovant; received travel grants from Astellas, Bayer, Ferring, IPSEN, and Janssen; received research support from Astellas, Ferring, and Bayer; and holds stock in LIDDS Pharma AB, Glactone Pharma AB, and WntResearch AB. Thierry Roumeguere is a company consultant for MSD, Pfizer, Janssen and Bayer;

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