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What is the quality of smoking cessation advice in guidelines of tobacco related diseases?

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Abstract

Background: Smoking is a major risk factor for a range of diseases, and quitting smoking provides considerable benefits to health. It therefore follows that clinical guidelines on disease management, particularly for diseases caused by smoking, should include smoking cessation. The aim of this study was to determine the extent to which this is the case.

Methods: We conducted a systematic review investigating clinical guidelines and recommendations issued by UK national or European transnational medical speciality associations and societies issued between 2000 and 2012 on a range of diseases caused by smoking. We then investigated whether selected guidelines contained reference to smoking cessation and smoking cessation advice.

Results: Although the extent to which smoking and smoking cessation was mentioned in the guidelines varied between diseases, only 60% of guidelines identified recognised that smoking is a risk factor for the development of the disease and 40% recommended smoking cessation. Only 19% of guidelines provided detailed information on how to deliver smoking cessation support.

Conclusions: Smoking cessation is not comprehensively addressed in current UK and transnational European clinical practice guidelines and recommendations.

Word count: 179

Introduction

Tobacco use is the biggest cause of preventable morbidity and mortality in the UK¹. The diseases it causes or exacerbates include cancer, heart disease, lung disease, stroke, peripheral vascular disease, diabetes, infection, dementia and macular degeneration². In addition to premature mortality, these diseases cause disability that contributes to social and economic disadvantage³, loss of productivity⁴, and dependence on family or socially-funded carers. The financial cost to society of these and other effects of tobacco smoking are estimated to be in excess of £13 billion per annum⁵.

This individual and societal burden of disease can be prevented for future generations by preventing the uptake of smoking among young people⁶. However, reducing this burden in the more immediate future is dependent upon helping as many current smokers as possible to quit smoking. This is particularly relevant to smokers who have already developed a disease caused or exacerbated by smoking, since stopping smoking can arrest or in some cases reverse the progression of their disease⁷. It therefore follows that smoking cessation interventions or reference to published smoking cessation guidelines should be a key component of the clinical management of these diseases, and hence also of published guidelines or their updates on their clinical management.

We have therefore systematically examined clinical management guidelines produced by professional societies and governmental agencies in the UK and Europe for a range of smoking-related diseases, to assess the extent to which smoking cessation interventions are prioritised within them.

Methods

We carried out a series of systematic reviews of clinical guidelines and clinical recommendations published since 2000 and produced under the auspices of a relevant UK national or European transnational medical speciality association, professional society or government agency, and relating to a range of diseases caused or exacerbated by smoking comprising cancer of the lip, oral cavity and pharynx, oesophagus, lung, stomach, pancreas, kidney, pelvis or bladder; cardiovascular disease (including ischaemic heart disease, angina, myocardial infarction, aortic aneurysms); cerebrovascular disease (including stroke, transient ischaemic attack, brain aneurysm); or respiratory disease (pneumonia and COPD). We excluded guidelines produced by and for individual European countries outside the UK.

A series of search strategies were developed for two electronic databases (Medline and EMBASE) using recognised search filters for identifying clinical guidelines as developed by the Guideline Resource Centre⁸ for each disease. Disease specific terms were developed using the relevant search terms as developed by Cochrane Review Groups. Searches were typically conducted to the end of 2013. We additionally searched the National Library for Health (NLH) Guidelines Finder, the TRIP database, and the International Guideline Library.

We then searched individual guideline documents to establish whether i) smoking was identified as a risk factor or major cause of disease; ii) smoking cessation interventions were recommended in disease management; and iii) whether there was reference or a link to specific smoking cessation guidelines (for example, the National Institute for Health and Care Excellence guidelines for various diseases provide reference to smoking cessation guidelines rather than include specific treatment recommendations) or recommendations on evidence-based treatments for smoking cessation, including behavioural support and pharmacotherapy, or referral to a stop smoking service.

The titles, abstracts, and full texts were screened by two reviewers independently to select eligible guidelines using previously piloted checklist forms. Disagreements were resolved through discussion with a third reviewer. One reviewer extracted data relating to agency responsible for developing/issuing guidelines, country of origin, year of publication, status of clinical guidelines (new or updated), and level of development (UK/European) using piloted data extraction form. Simple descriptive summary statistics are used to report the presence of the smoking cessation advice within the guidelines; summaries of these studies are also reported.

Results

Our searches identified 141 eligible clinical guidelines, of which 37 were produced in the UK and 104 by a European medical speciality association, relevant professional society or government agency. Two of the guidelines were included more than once as they had distinct sections on more than one eligible cancer under investigation^{9, 10}, thus a total of 144 guidelines were included in the review. Of the 144, 86 (60%) referred to smoking as a risk factor for the development of the disease; 57 (40%) provided a statement regarding smoking cessation; and 28 (19%) made reference to specific treatments for smoking cessation or to a smoking cessation guideline (Table 1). A full list of eligible guidelines is provided in Supplementary Table 1 and cessation content by disease broken down as follows:

Table 1 here

Cancers

Lip, oral cavity and pharynx cancer

From 4,452 titles identified in the searches, 46 were selected based on title and abstract. Following full text screening, two guidelines, both from the UK, were included^{11, 12}. Both mentioned smoking as a risk factor for head and neck cancer and highlighted the importance of smoking cessation, and provided details of specific treatments or else referred to a guideline for smoking cessation.

Oesophageal cancer

From 1,884 titles identified, 22 were selected based on title and abstract and eight included after full text screening^{9, 10, 13-18}. Four guidelines were from the UK^{9, 10, 13, 15} and four were European^{14, 16-18}. Only four guidelines (50%), three UK and one European, mentioned smoking as a risk factor for oesophageal cancer. All three of these UK guidelines discussed the benefits of smoking cessation^{9, 13, 15}, but only one provided a link to smoking cessation management guidelines⁹.

Lung cancer

From 4,825 titles identified from the searches, 75 were selected on the basis of titles and abstracts and 26 following full text screening¹⁹⁻⁴⁴, one of which³⁸ was a summary of more extensive guidance published by NICE^{22, 23, 37, 43}. Twenty-one (81%) of these 26 guidelines made reference to the role of smoking as a cause of lung cancer^{19, 20 21-32, 34 35, 37, 40, 42, 43 44}; 14 (54%) referred to smoking cessation²¹⁻

23, 26, 30, 32-35, 37, 38, 40, 43, 44, and 4 (15%) provided specific advice or reference to guidelines on smoking cessation^{22, 23, 37, 43}. Of these four, three were UK^{22, 23, 37} and one European-level⁴³ guidelines.

Gastric cancer

From 7,259 titles identified from the searches, 34 were selected based on title and abstract and 16 after full text screening^{9, 10, 45-58}. Ten of the included guidelines (63%) referred to smoking as a risk factor for gastric cancer^{9, 10, 45-47, 49, 51, 53, 55, 57} but only four (25%; all UK-based) recommended that smoking cessation should be advised^{9, 10, 45, 47}, and only one of these provided a link to smoking cessation management guidelines⁹.

Pancreatic cancer

From 1,636 titles identified from the searches, 29 were selected on title and abstract and 14 after full text screening^{9, 59-71}. Only three (21%; two UK^{9, 59} and one European⁷¹) of these 14 guidelines referred to smoking as a risk factor for pancreatic cancer, and one referred to smoking cessation and provided a link to smoking cessation management guidelines⁹.

Kidney, pelvis and bladder cancer

From 4,411 titles identified from the searches, 67 were selected based on titles and abstracts and 35 after full text screening⁷²⁻¹⁰⁶. Nineteen (54%) of these reported that smoking increased the risk of disease^{72, 75, 76, 80, 81, 83, 86-88, 91, 93, 95-102}, but only one referred to smoking cessation⁷⁶ and none included any link or recommendation on smoking cessation therapy.

Cerebrovascular disease

From 12,414 titles identified, 78 were potentially eligible based on title and abstract and 11 after full text screening¹⁰⁷⁻¹¹⁷. Five (36%) of these mentioned smoking as a risk factor for cerebrovascular disease^{110, 111, 116}; 6 (55%; 3 UK and 3 European) recommended smoking cessation^{110, 111, 115, 116}; and none referred to specific treatments or referenced any smoking cessation guidelines.

Cardiovascular disease

From 13,351 titles identified in the searches, 135 were selected based on titles and abstracts and 21 after full text screening¹¹⁸⁻¹³⁸. Of these 21, 13 (62%) reported that smoking increased the risk of disease^{118-120, 122-124, 126, 127, 131, 132, 136, 138, 139}; 17 (81%) recommended smoking cessation^{118, 120-123, 125-128, 130-132, 134, 136-139}; and 13 (62%; 7 UK and 6 European) made reference to specific treatments or smoking cessation guidelines^{118, 120, 122, 125-127, 129, 132, 133, 135-138}.

Respiratory disease

From 13,730 hits identified from the searches, 103 were selected based on title and abstract and 11 after full text screening¹⁴⁰⁻¹⁵⁰. Nine (82%) of these mentioned smoking as a risk factor for COPD or pneumonia^{140-144, 146-150}; 9 (82%) referred to smoking cessation^{140-144, 146-149}; and 6 (55%; 3 UK and 3 European) referred to specific treatments or referenced smoking cessation guidelines^{141-143, 146, 147, 149}.

Discussion

Tobacco related diseases, and specifically cardiovascular disease, cancer and COPD, account for 80% of deaths in Europe¹⁵¹. Smoking cessation should be a priority in the management of all such conditions, and promoted in management guidelines. However, the present paper, which is to our knowledge the first systematic review of this, found that 40% of the guidelines we identified did not identify smoking as a risk factor for the disease; only 40% recommended smoking cessation in the management of the disease; and only 19% provided information on specific smoking cessation treatments or else referred to definitive smoking cessation guidance. These findings varied substantially between disease categories however, with over half of guidelines on respiratory and cardiovascular disease providing smoking cessation guidance, but with much lower proportions among cerebrovascular disease and cancer guidelines. UK guidelines were generally more likely to include smoking cessation guidance than European guidelines, with the majority citing smoking cessation guidance from the NICE¹⁵². We acknowledge that not all clinical guidelines for specific diseases could include full smoking cessation guidelines, but would expect guidelines on diseases caused by smoking to acknowledge and advise on the need to quit smoking. We therefore defined reference to existing smoking cessation guidelines where further information could be found as sufficient. Smoking cessation increases both quantity and quality of life expectancy at almost any age. In respiratory disease, smoking cessation reduces the rate of decline in lung function among patients with COPD¹⁵³; and reduces the risk of lung infections and of asthma exacerbation¹⁵⁴. In lung cancer, smoking cessation at diagnosis in early stage disease is associated with significantly improved survival¹⁵⁵. In cardiovascular disease, smoking cessation reduces the risk of recurrence by around 50% over the longer term, and in cerebrovascular disease by around 15%¹⁵⁶⁻¹⁶⁰. Smoking cessation should therefore be a high priority in managing these diseases, and it would therefore be reasonable to expect definitive management guidelines to recognize this. Our finding that even in respiratory and cardiovascular disease, reference to appropriate smoking cessation guidance or provision of specific advice was far from universal indicates that smoking cessation is not receiving the attention it merits in the management of these conditions.

For the less common cancers caused by smoking, such as cancer of the oesophagus, pancreas and bladder, inclusion of cessation guidance was generally (with the exception of guidance on cancer of the lip, oral cavity or pharynx), even less common. There is evidence that smoking cessation improves life expectancy in early stage lung cancer, cardiovascular and respiratory disease^{154, 155}; and smoking cessation is likely to have a significant impact in also preventing intercurrent infections^{161, 162}, promoting wound healing¹⁶³⁻¹⁶⁵, and other benefits to the management of these conditions. It is therefore surprising that smoking cessation is afforded so little priority in the management of these

less common cancers. The impact of this omission is likely to be inadequate treatment of tobacco addiction, with the consequence of an excess of several hundred thousand preventable deaths and significant morbidity.

Why is this omission so common? There are many potential plausible causes. The authors of these guidelines may be experts in specific disease but may not be so knowledgeable in understanding the links between tobacco use and disease progression or the benefits of smoking cessation in established disease^{151, 155, 166-168}. Authors may also underestimate the strength of tobacco addiction¹⁶⁹, the difficulty overcoming this addiction¹⁷⁰ or may lack the knowledge of the most effective methods to achieve smoking cessation¹⁷¹. In addition, authors may be influenced by other barriers that effect health professionals discussing smoking cessation with patients such as time, knowledge, perceived lack of efficacy or their own use of tobacco¹⁷²⁻¹⁷⁴. A less benign reason for our findings may be the influence of device manufacturers and pharmaceutical companies on guideline production¹⁷⁵, since disease prevention runs contrary to their commercial interest. Finally, it may be that authors of guidelines are focusing on novel procedures or pharmacotherapy and weight these recommendations higher than more 'conservative' measures despite the effectiveness of the latter¹⁷⁶.

We used robust search strategies and screening methods to identify and assess the eligibility of the clinical guidelines included in the review; therefore it is unlikely that any guidelines we did not identify would have a significant impact on our findings. The indexing of clinical guidelines is still being developed; therefore our search strategies were very sensitive and identified many articles that were not relevant. Some of the included guidelines were in the form of a very short consensus document or a shortened updated guideline; therefore, due to the restrictions on the length of the documents it is likely that smoking or smoking cessation may not have been mentioned. However, if the disease is caused by smoking or smoking contributes to its development and smoking cessation could reduce risk of the disease or death it should be mentioned in the short versions or updates of guidelines, for example, by providing a reference to existing guidelines as often observed in NICE guidelines. Our finding that major guidelines on cardiovascular disease, cancer and respiratory diseases across Europe neglect smoking prevention is likely to reflect low levels of intervention to prevent smoking among people with smoking-related disease, and a consequent failure to avoid significant morbidity and mortality.

Conclusion

A plethora of guidelines is produced each year, by a variety of institutions and professional societies to disseminate research findings, best practice and to reduce variation in care. Their quality is variable, and dissemination and impact of guidelines often poor¹⁷⁷. We hope that by drawing attention to this deficiency in the inclusion of smoking cessation we can improve this and that this will be reflected in changes in clinical practice. For the general standard of smoking cessation advice and intervention to be raised, governmental and peer review of practice standards, government health policy driving change, smoke-free legislation, commissioning of services and anti-tobacco advocacy groups will be needed.

Table 1: Summary of clinical guidelines and recommendations with the presence of smoking and smoking cessation

Disease	Number of guidelines included	Number of guidelines referring to smoking		
		Smoking as a risk factor	Smoking cessation is advised	Specific treatment/ reference to guideline is provided
Cancer				
Lip, oral cavity & pharynx	2	2	2	2
Oesophagus	8	4	3	1
Lung	26	21	14	4
Gastric	16	10	4	1
Pancreas	14	3	1	1
Kidney, pelvis & bladder	35	19	1	0
Cerebrovascular disease	11	5	6	0
Cardiovascular disease	21	13	17	13
Respiratory disease	11	9	9	6
TOTAL	144	86 (60%)	57 (40%)	28(19%)

Two of the guidelines included more than one cancer under investigation^{9, 10}.

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Table S1: Characteristics of included studies

Study (author, year)	Disease	Recognised body	International/Local	Type of guideline
Ischemic heart disease & aortic aneurysms				
Secondary Prevention of Coronary Heart Disease following Myocardial Infarction: A National Clinical Guideline (Scottish Intercollegiate Guidelines Network, 2000)	Coronary heart disease/ Myocardial infarction	Scottish Intercollegiate Guidelines Network (SIGN)	National	Clinical guidelines
Diagnosis and management of aortic dissection (Erbel et al., 2001)	Aortic dissection	European Society of Cardiology	International	Recommendations
Management of Stable Angina: A National Clinical Guideline (SIGN, 2001)	Angina	SIGN	National	Clinical guidelines
Guideline for the management of patients with acute coronary syndromes without persistent ECG ST segment elevation (British Cardiac Society, 2001)	Acute coronary syndrome	British Cardiac Society Guidelines and Medical Practice Committee, and Royal College of Physicians Clinical Effectiveness and Evaluation Unit	National	Clinical guidelines
Management of acute coronary syndromes in patients presenting without persistent ST-segment elevation (Bertrand et al., 2002)	Acute coronary syndrome	European Society of Cardiology	International	Task force report/ Management strategy
Management of Stable Angina Pectoris (Fox et al., 2006)	Angina	European Society of Cardiology	International	Practice guidelines
Management of Stable Angina: A National	Angina	SIGN	National	Clinical guidelines

Clinical Guideline (SIGN, 2007)				
Myocardial infarction: Secondary Prevention (National Institute for Health and Clinical Excellence (NICE), 2007)	Myocardial infarction	NICE	National	Clinical guidelines
Guidelines for the diagnosis and treatment of non-ST-segment elevation acute coronary syndromes (Bassad et al., 2007)	Acute coronary syndrome	European Society of Cardiology	International	Disease management guidelines
Management of Acute Myocardial Infarction in patients presenting with ST-segment elevation (Vand de Werf et al., 2008)	Myocardial infarction	European Society of Cardiology	International	Disease management guidelines
Guidelines on myocardial revascularization (Wijns et al., 2010)	Cardiovascular disease	European Society of Cardiology/ European Association for Cardio- Thoracic Surgery	International	Disease management guidelines
The Management of Stable Angina (NICE, 2012)	Angina	NICE	National	Clinical guidelines
ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation (Hamm et al., 2011)	Acute coronary syndrome	European Society of Cardiology	International	Disease management guidelines
Management of abdominal aortic aneurysms clinical practice guidelines of the European society for vascular surgery (Moll et al., 2011)	Abdominal aortic aneurysms	European Society of Vascular Surgery	International	Clinical practice guidelines

ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation (Steg et al., 2012)	Myocardial infarction	European Society of Cardiology	International	Disease management guidelines
European Guidelines on cardiovascular disease prevention in clinical practice (version 2012) (Perk et al., 2012)	Cardiovascular disease	European Society of Cardiology	International	Disease management guidelines
Guideline No 93: Acute coronary syndrome (SIGN, 2013)	Acute coronary syndrome	SIGN	National	Clinical guidelines
Myocardial infarction: secondary prevention (NICE, 2013)	Myocardial infarction	NICE	National	Clinical guidelines
Myocardial infarction with ST-segment elevation: the acute management of myocardial infarction with ST-segment elevation (NICE, 2013)	Myocardial infarction	NICE	National	Clinical guidelines
Myocardial infarction: secondary prevention in primary and secondary care for patients following a myocardial infarction (partial update) (NICE, 2013)	Myocardial infarction	NICE	National	Clinical guidelines
2013 ESC guidelines on the management of stable coronary artery disease (Montalescot et al., 2013)	Coronary artery disease	European Society of Cardiology	International	Disease management guidelines
Cerebrovascular disease and stroke				

European Stroke Initiative (EUSI) recommendations for stroke management (Hacke et al., 2000)	Stroke	European Stroke Initiative	International	Disease management recommendations
European Stroke Initiative Recommendations for Stroke Management – Update 2003 (Hacke et al., 2003)	Stroke	European Stroke Initiative	International	Disease management recommendations
Management of patients with stroke or TIA: Assessment, investigation, immediate management and secondary prevention (SIGN, 2008)	Stroke/ Transient ischaemic attack (TIA)	SIGN	National	Clinical guidelines
Diagnosis and initial management of acute stroke and transient ischaemic attack (TIA) (NICE, 2008)	Stroke/ TIA	NICE	National	Clinical guidelines
ESO Guidelines for management of ischaemic stroke and transient ischaemic attack (Ringleb et al., 2008)	Stroke/ TIA	European Stroke Organisation	International	Disease management guidelines
Management of patients with stroke: rehabilitation, prevention and management of complications, and discharge planning (SIGN, 2010)	Stroke	SIGN	National	Clinical guideline
Diagnosis and initial management of transient ischemic attack (Tyrrell et al. 2010)	TIA	Royal College of Physicians (RCP)	National	Disease management recommendations

EFNS guideline on the treatment of cerebral venous and sinus thrombosis in adult patients (Einhaupl et al., 2010)	Cerebral thrombosis	European Federation of Neurological Societies	International	Disease management guidelines
National clinical guideline for stroke : fourth edition (RCP, 2012)	Stroke	RCP	National	Clinical guideline
European Stroke Organization guidelines for the management of intracranial aneurysms and subarachnoid haemorrhage (Steiner et al., 2013)	intracranial aneurysms/ subarachnoid haemorrhage	European Stroke Organization	National	Disease management guidelines
CG162 Stroke rehabilitation: full guideline (NICE, 2013)	Stroke	NICE	National	Rehabilitation guidelines
COPD/ pneumonia				
BTS Guidelines for the Management of Community Acquired Pneumonia in Adults (British Thoracic Society, 2001)	Pneumonia	British Thoracic Society (BTS)	National	Disease management guideline
Guideline 59: Community Management of Lower Respiratory Tract Infection in Adults - Quick Reference Guide (SIGN, 2002)	Pneumonia	SIGN	National	Clinical guideline
Standards for the diagnosis and treatment of patients with COPD (ATS/ ERS, 2004)	COPD	American Thoracic Society (ATS)/ European Respiratory Society (ERS)	International	Consensus statement
Standards for the diagnosis and treatment of patients with COPD - section for patients (ATS/ ERS, 2004)	COPD	ATS/ ERS	International	Consensus statement

Guidelines for the management of adult lower respiratory tract infections (Woodhead et al., 2005)	Lower respiratory tract infection	ERS	International	Disease management guidelines
Guidelines for the management of hospital-acquired pneumonia in the UK (Masterton et al., 2008)	Pneumonia	British Society for Antimicrobial Chemotherapy	National	Disease management guidelines
Guidelines for the management of community acquired pneumonia in adults (Lim et al., 2009)	Pneumonia	BTS	National	Disease management guidelines
CG101 Chronic obstructive pulmonary disease (update): full guideline (NICE, 2010)	COPD	NICE/ RCP	National	Clinical guidelines
Primary care summary of the British Thoracic Society guidelines for the management of community acquired pneumonia in adults: 2009 Update (Levy et al., 2010)	Pneumonia	BTS	National	Disease management guidelines
Global Strategy for the Diagnosis, Management, and Prevention of COPD (Global Initiative for Chronic Obstructive Lung Disease, 2011)	COPD	Global Initiative for Chronic Obstructive Lung Disease	International	Strategy
Guidelines for the management of adult lower respiratory tract infections - Full version (Woodhead et al., 2011)	Respiratory tract infections	ERS/ European Society for Clinical Microbiology and Infectious Diseases	International	Disease management guidelines
Gastric cancer				

Improving outcomes in Upper Gastro-Intestinal Cancer (Department of Health, 2001)	Upper Gastro-intestinal cancers	Department of Health	National	Guidance for commissioning cancer services
Guidelines for the management of oesophageal and gastric cancer (Allum et al., 2002)	Oesophageal and gastric cancer	Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland, the British Society of Gastroenterology, and the British Association of Surgical Oncology	National	Clinical practice guidelines
ESMO minimum clinical recommendations for diagnosis, treatment and follow-up of gastric cancer (Cunningham et al., 2005)	Gastric cancer	European Society for Medical Oncology (ESMO)	International	Clinical recommendations
Guideline 87: Management of oesophageal and gastric cancer - Full guideline (SIGN, 2006)	Oesophageal and gastric cancer	SIGN	National	Clinical guidelines
Well-differentiated gastric tumors/carcinomas (Ruszniewski et al., 2007)	Gastric cancer	European Endocrine Tumor Society	International	Consensus statement
Gastric cancer: ESMO clinical recommendations for diagnosis, treatment and follow-up (Cunningham D., 2007)	Gastric cancer	ESMO	International	Clinical recommendations
Gastric marginal zone lymphoma of mucosa-associated lymphoid tissue type: ESMO Clinical Recommendations for diagnosis, treatment and follow-up (Zucca E., 2007)	Gastric lymphoma	ESMO	International	Clinical recommendations

Gastric cancer: ESMO clinical recommendations for diagnosis, treatment and follow-up (Cunningham D. & Oliveira J., 2008)	Gastric cancer	ESMO	International	Clinical recommendations
Gastric marginal zone lymphoma of MALT type: ESMO clinical recommendations for diagnosis, treatment and follow-up (Zucca E. & Dreyling M., 2008)	Gastric lymphoma	ESMO	International	Clinical recommendations
Gastric cancer: ESMO Clinical Recommendations for diagnosis, treatment and follow-up (Jackson et al., 2009)	Gastric cancer	ESMO	International	Clinical recommendations
Gastric marginal zone lymphoma of MALT type: ESMO Clinical Recommendations for diagnosis, treatment and follow-up (Zucca E. & Dreyling M., 2009)	Gastric lymphoma	ESMO	International	Clinical recommendations
Gastric cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up (Okines et al., 2010)	Gastric cancer	ESMO	International	Clinical practice guidelines
Gastric marginal zone lymphoma of MALT type: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up (Zucca E. & Dreyling M., 2010)	Gastric lymphoma	ESMO	International	Clinical practice guidelines
Guidelines for the management of oesophageal and gastric cancer (Allum et al.,	Oesophageal and gastric cancer	Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland, the British Society of	National	Clinical practice guidelines

2011)		Gastroenterology, and the British Association of Surgical Oncology		
Gastric cancer: ESMO–ESSO–ESTRO Clinical Practice Guidelines for diagnosis, treatment and follow-up (Waddell et al., 2013)	Gastric cancer	European Society for Medical Oncology/ European Society of Surgical Oncology/ European Society of Radiotherapy and Oncology	International	Disease management guidelines
Gastric marginal zone lymphoma of MALT type: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up (Zucca et al., 2013)	Gastric lymphoma	ESMO	International	Clinical practice guidelines
Lip and oral cavity cancer				
Guideline 90: Diagnosis and management of head and neck cancer - Full guideline (SIGN, 2006)	Head and neck cancer	SIGN	National	Clinical guideline
Head and neck cancer: multidisciplinary management guidelines (British Association of Otorhinolaryngology, Head and Neck Surgery, 2011)	Head and neck cancer	British Association of Otorhinolaryngology, Head and Neck Surgery	National	Multidisciplinary disease management guidelines
Lung cancer				
ESMO minimum clinical recommendations for diagnosis, treatment and follow-up of small-	SCLC	ESMO	International	Clinical recommendations

cell lung cancer (SCLC) (Felip E., 2001)				
ESMO minimum clinical recommendations for diagnosis, treatment and follow-up of non-small-cell lung cancer (NSCLC) (Felip E., 2001)	NSCLC	ESMO	International	Clinical recommendations
Consensus on medical treatment of non-small cell lung cancer (Akehurst RL., 2002)	NSCLS	Central European Cooperative Oncology Group (CECOG)	International	Consensus statement
Guideline 80: Management of patients with lung cancer - Full guideline (SIGN, 2005)	Lung cancer	SIGN	National	Clinical guidelines
Diagnosis and Treatment of Lung Cancer (NICE, 2005)	Lung cancer	NICE	National	Clinical guidelines
ESMO Minimum Clinical Recommendations for diagnosis, treatment and follow-up of small-cell lung cancer (SCLC) (Felip et al, 2005)	SCLC	ESMO	International	Clinical recommendations
ESMO minimum clinical recommendations for diagnosis, treatment and follow-up of non-small-cell lung cancer (NSCLC) (Felip et al., 2005)	NSCLC	ESMO	International	Clinical recommendations
Consensus on medical treatment of non-small-cell lung cancer - Update 2004 (Zielinski et al., 2005)	NSCLC	CECOG	International	Consensus/ meeting report
Non-small-cell lung cancer: ESMO clinical recommendations for diagnosis, treatment	NSCLC	ESMO	International	Clinical recommendations

and follow-up (Besse B., 2007)				
Small-cell lung cancer: ESMO clinical recommendations for diagnosis, treatment and follow-up (Felip E., 2007)	SCLC	ESMO	International	Clinical recommendations
Non-small-cell lung cancer: ESMO clinical recommendations for diagnosis, treatment and follow-up (D'Addario G. & Felip E., 2008)	NSCLC	ESMO	International	Clinical recommendations
Small-cell lung cancer: ESMO clinical recommendations for diagnosis, treatment and follow-up (Sørensen M. & Felip E., 2008)	SCLC	ESMO	International	Clinical recommendations
Non-small-cell lung cancer: ESMO Clinical Recommendations for diagnosis, treatment and follow-up (D'Addario G. & Felip E. et al., 2009)	NSCLC	ESMO	International	Clinical recommendations
Small-cell lung cancer: ESMO clinical recommendations for diagnosis, treatment and follow-up (Sørensen M. & Felip E., 2009)	SCLC	ESMO	International	Clinical recommendations
Early-stage and locally advanced (non-metastatic) non small cell lung cancer ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up (Crino et al., 2010)	NSCLC	ESMO	International	Clinical practice guidelines
Metastatic non-small-cell lung cancer: ESMO clinical practice guidelines for diagnosis, treatment and follow-up (D'Addario et al.,	NSCLC	ESMO	International	Clinical practice guidelines

2010				
Small-cell lung cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up (Sørensen M., et al. 2010)	SCLC	ESMO	International	Clinical practice guidelines
Neuroendocrine bronchial and thymic tumours: ESMO Clinical Practice guidelines for diagnosis, treatment and follow-up (Oberge et al., 2010)	Bronchial and thymic tumours	ESMO	International	Clinical practice guidelines
CG121 Lung cancer: full guideline (NICE, 2011)	Lung cancer	NICE	International	Clinical guidelines
Diagnosis and treatment of lung cancer: summary of updated NICE guidance (Baldwin et al., 2011)	Lung cancer	NICE	International	Clinical guidelines summary
1st ESMO Consensus Conference in lung cancer; Lugano 2010: small-cell lung cancer (Stahel et al., 2011)	SCLC	ESMO	International	Consensus conference
Metastatic non-small-cell lung cancer (NSCLC): ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up (Peters et al., 2012)	NSCLC	ESMO	International	Clinical practice guidelines
Neuroendocrine bronchial and thymic tumors: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up (Oberge et al., 2012)	Bronchial and thymic tumours	ESMO	International	Clinical practice guidelines

Third CECOG consensus on the systemic treatment of non-small-cell lung cancer (Brodowicz et al., 2012)	NSCLC	CECOG	International	Consensus
Early and locally advanced non-small-cell lung cancer (NSCLC): ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up (Vansteenkiste et al., 2013)	NSCLC	ESMO	International	Clinical practice guidelines
Small-cell lung cancer (SCLC): ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up (Fruh et al., 2013)	SCLC	ESMO	International	Clinical practice guidelines
Pancreatic cancer				
Guidelines for the management of patients with pancreatic cancer periampullary and ampullary carcinomas (Alderson et al., 2005)	Periampullary and ampullary carcinomas	British Society of Gastroenterology, Pancreatic Society of Great Britain and Ireland, Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland, Royal College of Pathologists	National	Disease management guidelines
ESMO Minimum Clinical Recommendations for diagnosis, treatment and follow-up of pancreatic cancer (Herrmann et al., 2005)	Pancreatic cancer	ESMO	International	Clinical recommendations
Well-differentiated pancreatic nonfunctioning tumors/carcinoma (Falconi et al., 2006)	Pancreatic cancer	ENETS	International	Consensus statement

Poorly differentiated carcinomas of the foregut (gastric, duodenal and pancreatic) (Nilsson et al., 2006)	Carcinomas of foregut	ENETS	International	Consensus statement
Gastrinoma (duodenal and pancreatic) (Jensen et al., 2006)	Gastrinoma	ENETS	International	Consensus statement
Well-differentiated pancreatic tumor/carcinoma : insulinoma (de Herder et al., 2006)	Insulinoma	ENETS	International	Consensus statement
Pancreatic cancer: ESMO clinical recommendations for diagnosis, treatment and follow-up (Herrmann et al., 2007)	Pancreatic cancer	ESMO	International	Clinical recommendations
Pancreatic cancer: ESMO clinical recommendations for diagnosis, treatment and follow-up (Herrmann R. & Jelic S., 2008)	Pancreatic cancer	ESMO	International	Clinical recommendations
Pancreatic cancer: ESMO Clinical Recommendations for diagnosis, treatment and follow-up (Cascinu S. & Jelic S., 2009)	Pancreatic cancer	ESMO	International	Clinical recommendations
Pancreatic cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up (Cascinu et al., 2010)	Pancreatic cancer	ESMO	International	Clinical practice guidelines
ENETS consensus guidelines for the management of patients with digestive neuroendocrine neoplasms of the digestive system : well-differentiated pancreatic non-	Digestive neuroendocrine neoplasms	ENETS	International	Consensus guidelines

functioning tumors (Falconi et al., 2012)				
ENETS consensus guidelines for the management of patients with digestive neuroendocrine neoplasms : functional pancreatic endocrine tumor syndromes (Jensen et al., 2012)	Digestive neuroendocrine neoplasms	ENETS	International	Consensus guidelines
Pancreatic adenocarcinoma: ESMO–ESDO Clinical Practice Guidelines for diagnosis, treatment and follow-up (Seufferlein et al., 2012)	Pancreatic adenocarcinoma	ESMO	International	Clinical practice guideline
Pelvis and bladder cancer				
Guidelines on renal cell cancer (Mickisch et al., 2002)	Renal cancer	European Association of Urology (EAU)	International	Disease management guidelines
Guidelines on bladder cancer (Oosterlinck et al., 2002)	Bladder cancer	EAU	International	Disease management guidelines
ESMO Minimum Clinical Recommendations for diagnosis, treatment and follow-up of invasive bladder cancer (Sengeløv L., 2003)	Bladder cancer	ESMO	International	Clinical recommendations
EAU guidelines on diagnosis and treatment of upper urinary tract transitional cell carcinoma (Oosterlinck et al., 2004)	Urinary tract carcinoma	EAU	International	Disease management guidelines
Guideline 85: Management of transitional cell carcinoma of the bladder - Full guideline	Bladder carcinoma	SIGN	National	Clinical guidelines

(SIGN, 2005)				
ESMO Minimum Clinical Recommendations for diagnosis, treatment and follow-up of invasive bladder cancer (Kataja V. &Pavlidis N., 2005)	Bladder cancer	ESMO	International	Clinical recommendations
EAU guidelines on the diagnosis and treatment of urothelial carcinoma in situ (van der Meijden et al., 2005)	Urothelial carcinoma	EAU	International	Disease management guidelines
Invasive bladder cancer: ESMO clinical recommendations for diagnosis, treatment and follow-up (Bellomnt J. &Albiol S., 2007)	Bladder cancer	ESMO	International	Clinical recommendations
Renal Cell Carcinoma Guideline (Ljungberg et al., 2007)	Renal carcinoma	EAU	International	Disease management guideline
EAU guidelines on non-muscle-invasive urothelial carcinoma of the bladder (Babjuk et al., 2008)	Urothelial carcinoma	EAU	International	Disease management guidelines
Invasive bladder cancer: ESMO clinical recommendations for diagnosis, treatment and follow-up (Bellmunt et al., 2008)	Bladder cancer	ESMO	International	Clinical recommendations
Guidelines on TaT1 (Non-muscle invasive) Bladder Cancer (Babjuk et al., 2009)	Bladder cancer	EAU	International	Disease management guidelines

Invasive bladder cancer: ESMO clinical recommendations for diagnosis, treatment and follow-up (Bellmunt et al., 2009)	Bladder cancer	ESMO	International	Clinical recommendations
Renal cell carcinoma: ESMO clinical recommendations for diagnosis, treatment and follow-up (Escudier B. & Kataja V., 2009)	Renal carcinoma	ESMO	International	Clinical recommendations
The updated EAU guidelines on muscle-invasive and metastatic bladder cancer (Stenzl et al., 2009)	Bladder cancer	EAU	International	Disease management guidelines
Renal Cell Carcinoma (Ljungberg et al., 2010)	Renal carcinoma	EAU	International	Disease management guidelines
Non-muscle Invasive Bladder Cancer (Babjuk et al., 2010)	Bladder cancer	EAU	International	Disease management guidelines
Bladder cancer: ESMO Practice Guidelines for diagnosis, treatment and follow-up (Bellmunt et al., 2010)	Bladder cancer	ESMO	International	Clinical practice guidelines
Renal cell carcinoma: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up (Escudier B. & Kataja V., 2010)	Renal carcinoma	ESMO	International	Clinical practice guidelines
Guidelines on Bladder Cancer: Muscle-invasive and Metastatic (Stenzl et al., 2010)	Bladder cancer	EAU	International	Disease management guidelines
Guidelines on upper urinary tract urothelial cell carcinoma (Ruopret et al., 2012)	Urothelial carcinoma	EAU	International	Disease management guidelines

Bladder cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up (Bellmunt et al., 2011)	Bladder cancer	ESMO	International	Clinical practice guidelines
EAU guidelines on non-muscle-invasive urothelial carcinoma of the bladder, the 2011 update (Babjuk et al., 2011)	Urothelial carcinoma	EAU	International	Disease management guidelines
Treatment of muscle-invasive and metastatic bladder cancer: update of the EAU guidelines (Stenzl et al., 2011)	Bladder cancer	EAU	International	Disease management guidelines
Renal cell carcinoma: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up (Escudier et al., 2012)	Renal carcinoma	ESMO	International	Clinical practice guidelines
Guidelines on non-muscle invasive bladder cancer (TaT1 and CIS) (Babjuk et al., 2012)	Bladder cancer	EAU	International	Disease management guidelines
Guidelines on Muscle-invasive and Metastatic Bladder Cancer (Witjes et al., 2013)	Bladder cancer	EAU	International	Disease management guidelines
Guidelines on Renal Cell Carcinoma (Ljungberg et al., 2013)	Renal carcinoma	EAU	International	Disease management guidelines
Guidelines on Non-muscle-invasive Bladder Cancer (TaT1 and CIS) (Babjuk et al., 2013)	Bladder cancer	EAU	International	Disease management guidelines
Multi-disciplinary Team (MDT) Guidance for Managing Renal Cancer (British Association of	Renal cancer	British Association of Urological Surgeons Section of Oncology/ British	National	Disease management

Urological Surgeons Section of Oncology/ British Uro-oncology Group, 2012)		Uro-oncology Group		guideline
Guidelines on Urothelial Carcinomas of the Upper Urinary Tract (Roupret et al., 2013)	Urothelial carcinoma	EAU	International	Disease management guidelines
ICUD-EAU International Consultation on Bladder Cancer 2012: Non-muscle-invasive urothelial carcinoma of the bladder (Burger et al., 2013)	Bladder cancer	International Consultation on Urologic Disease-European Association of Urology (ICUD-EAU)	International	International consultation
EAU Guidelines on Primary Urethral Carcinoma (Gakis et al., 2013)	Urethral carcinoma	EAU	International	Disease management guidelines
ICUD-EAU International Consultation on Bladder Cancer 2012: Urothelial carcinoma of the prostate (Palou et al., 2013)	Urothelial carcinoma	ICUD-EAU	International	International consultation
ICUD-EAU International Consultation on Bladder Cancer 2012: Chemotherapy for urothelial carcinoma-neoadjuvant and adjuvant settings (Sternberg et al., 2013)	Urothelial carcinoma	ICUD-EAU	International	International consultation
Oesophageal cancer				
Guidelines for the management of oesophageal and gastric cancer (Allum et al., 2002)	Oesophageal and gastric cancer	Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland/ British Society of	National	Disease management guidelines

		Gastroenterology/ British Association of Surgical Oncology		
ESMO Minimal Clinical Recommendations for diagnosis, treatment and follow-up of esophageal cancer (Stahl et al., 2005)	Oesophageal cancer	ESMO	International	Clinical recommendations
Management of oesophageal and gastric cancer: A national clinical guideline (SIGN, 2006)	Oesophageal and gastric cancer	SIGN	National	Clinical guidelines
Esophageal cancer: ESMO clinical recommendations for diagnosis, treatment and follow-up (Stahl M. & Oliveira J., 2008)	Oesophageal cancer	ESMO	International	Clinical recommendations
Esophageal cancer: ESMO Clinical Recommendations for diagnosis, treatment and follow-up (Stahl M. & Oliveira J., 2009)	Oesophageal cancer	ESMO	International	Clinical recommendations
Esophageal cancer: Clinical Practice Guidelines for diagnosis, treatment and follow-up (Stahl et al., 2010)	Oesophageal cancer	ESMO	International	Clinical practice guidelines
Guidelines for the management of oesophageal and gastric cancer (Allum et al., 2011)	Oesophageal and gastric cancer	Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland/ British Society of Gastroenterology/ British Association of Surgical Oncology	National	Disease management guideline