

Criteria for Determining Priorities for the Development of Clinical Practice Guidelines (CPGs) endorsed by ILAE

Authors: Lin K*, Eyal S*, Demarchi IG*, Ben-Shush T, Auvin S, Khoo CS, Al-Baradie R, Sen A, Newton C, Ngwende G, Candez NM, Sperling M, Brigo F, Jette N, Wiebe S - on behalf of the Prioritization Task Force

Version 1.5 – June 2024

Proposal identification: _____

Rate each item using the following 5-point scale (higher ratings indicate higher priority):

1 = Disagree; 2 = Somewhat disagree; 3 = Neutral; 4 = Somewhat agree; 5 = Agree

	Priority items/Domains (of equal weight)	Description	Scoring: 5-point scale
1	Absence of guidance	Guidelines are not available, are outdated (> 5 years), or unsatisfactory (e.g., pre-existing guidelines are of poor quality, not meeting AGREE II standards), and/or there are no ongoing/competing efforts to address this specific topic. There are no existing CPGs on the topic that can be adapted, i.e., a completely new CPG should be developed.	
2	Availability of evidence or new developments	There is evidence to answer the question or new relevant evidence or developments related to the topic.	
3	High burden of disease/condition	The CPG addresses a topic of high incidence, prevalence, severity, morbidity, mortality (health burden), economic burden and/or burden to the healthcare system (use of resources), is an ILAE priority area, or there is an urgency to address the topic (e.g., emerging disease or emerging care).	
4	Potential for high-impact	The CPG has the potential for a high positive impact on at least one of the following domains: (1) improved health outcomes, (2) equity/access to care, (3) health system performance, (4) health economics, (5) change/improve existing practice, and (6) contributing to the IGAP strategic objectives & global targets.	
5	Addresses practice variation	The CPG aims to reduce clinical practice variation due to uncertainty, controversy, or culture. Addresses discordance between evidence and practice or conflict between individual and societal perspectives.	
6	User’s interest/target population	There is high interest and potential for acceptability of the CPG at one or more of the following levels: (1) consumers/patients, (2) health professionals, (3) healthcare system, (4) or specific population (e.g., non-governmental organizations, policymakers, government, academic organizations, etc.). It should incorporate patient preferences, where applicable. Addresses equity, e.g., groups needing special consideration or a technology, intervention, or service that is not available for use by people with specific disabilities.	
7	Feasibility of implementation	The CPG has the potential for broad implementation. It is of high global importance, will not exhaustively use available resources, and is unlikely to face insurmountable barriers to implementation, including ethical, technical, or methodological issues. It considers cost-effectiveness.	
8	Collaborations	Formal collaboration (with other organizations) is in place or planned, strengthening the proposal.	
9	Availability of resources	There are sufficient human, methodological, and financial resources to develop the proposed CPG. Potential funders have been identified, and/or external resources are available.	
10	Time to completion	There is a realistic rationale that supports completion of the CPG in ≤ 3 years.	

TOTAL SCORE (sum of items 1-10): _____

*One or two times per year, the Executive Committee will select a limited number of guidelines to be funded (top-down process), according to the criteria above and the availability of resources. Alternatively, collaboration requests received from partner organizations: partnership can be proposed at any time to respond to specific needs, recent developments, or urgent updates, and should be evaluated case-by-case (bottom-up process).

Comments: _____

Criteria for Determining Priorities for the Development of Consensus-Based Recommendation (CBR) endorsed by ILAE

Authors: Lin K*, Eyal S*, Demarchi IG*, Ben-Shush T, Auvin S, Khoo CS, Al-Baradie R, Sen A, Newton C, Ngwende G, Candez NM, Sperling M, Brigo F, Jette N, Wiebe S - on behalf of the Prioritization Task Force

Version 1.5 – June 2024

Proposal identification: _____

Rate each item using the following 5-point scale (higher ratings indicate higher priority):

1 = Disagree; 2 = Somewhat disagree; 3 = Neutral; 4 = Somewhat agree; 5 = Agree

	Priority items/Domains (of equal weight)	Description	Scoring: 5-point scale
1	Absence of guidance	Guidelines or consensus are unavailable, outdated (> 5 years), unsatisfactory (e.g., pre-existing guidelines and/or consensus are of poor quality, and/or there are no ongoing/competing efforts to address this specific topic).	
2	High burden of disease/condition	The CBR addresses a topic of high incidence, prevalence, severity, morbidity, mortality (health burden), economic burden, and/or burden to the healthcare system (use of resources), is an ILAE priority area, or there is urgency to address the topic (e.g., emerging disease or emerging care).	
3	Potential for high-impact	The CBR has the potential for a high positive impact on at least one of the following domains: (1) improved health outcomes, (2) equity/access to care, (3) health system performance, (4) health economics, (5) change/improve existing practice, and (6) contributing to the IGAP strategic objectives & global targets.	
4	Addresses practice variation	The CBR aims to reduce clinical practice variation due to uncertainty, controversy, or culture. Addresses discordance between evidence and practice or conflict between individual and societal perspectives.	
5	User's interest/target population	There is high interest and potential for acceptability of the CBR at one or more of the following levels: (1) consumers/patients, (2) health professionals, (3) healthcare system, (4) or specific population (e.g., non-governmental organizations, policymakers, government, academic organizations, etc.). It should incorporate patient preferences, where applicable. Addresses equity, e.g., groups needing special consideration or a technology, intervention, or service that is not available for use by people with specific disabilities.	
6	Feasibility of implementation	The CBR has the potential for broad implementation. It is of high global importance, will not exhaustively use available resources, and is unlikely to face insurmountable barriers to implementation, including ethical, technical, or methodological issues. It considers cost-effectiveness.	
7	Collaborations	Formal collaboration (with other organizations) is in place or planned, strengthening the proposal.	
8	Availability of resources	There are sufficient human, methodological, and financial resources to develop the proposed CBR. Potential funders have been identified, and/or external resources are available.	
9	Time to completion	There is a realistic rationale that supports completion of the CBR in ≤ 3 years.	

TOTAL SCORE (sum of items 1-9): _____

*One or two times per year, the Executive Committee will select a limited number of CBS to be funded (top-down process), according to the criteria above and the availability of resources. Alternatively, collaboration requests received from partner organizations: partnership can be proposed at any time to respond to specific needs, recent developments, or urgent updates, and should be evaluated case-by-case (bottom-up process).

Comments: _____