Instructions:

Please complete and submit this template to Ruxandra at [rnedu@mascc.org](mailto:nedu@mascc.org) at the time at which your guideline is approved for publication.

**IMPORTANT**: In order to standardize the layout and format of all MASCC guideline documents, please do NOT alter the fonts, colors, page layout, or other formatting options.

Please include ONE of the two provided options for summarizing your levels of evidence and grading of recommendations



Version date: MM/YYYY

[NAME OF STUDY GROUP]

Summary Review

MASCC/ISOO Guideline:  
**[Title of Guideline]**

**Citation:**

*Please provide the publication citation here*

**Guideline History: *(Guideline Updates Only)***

* Year of publication of original guideline:
* Year of publication of first revision:
* Year of publication of second revision:
* (Etc as needed)

**Abstract:**

Purpose: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Proin quis diam et nibh dictum finibus sed in est. Mauris quis volutpat dolor, eu commodo odio. Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia curae.

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Conclusions: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Proin quis diam et nibh dictum finibus sed in est. Mauris quis volutpat dolor, eu commodo odio. Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia curae.

**Levels of Evidence and Grading/Categories of Guidelines: *(\*\*OPTION 1 – from the MASCC Guidelines Policy\*\*)***

**Level I:** Evidence obtained from meta-analysis of multiple, well-designed, controlled studies; randomized trials with low false-positive and false-negative errors (high power).

**Level II:** Evidence obtained from at least one-well designed experimental study; randomized trials with high false-positive and/or false-negative errors (low power).

**Level III:** Evidence obtained from well-designed, quasi-experimental studies, such as nonrandomized, controlled single-group, pretest-posttest comparison, cohort, time, or matched case-control series.

**Level IV:** Evidence obtained from well-designed, non-experimental studies, such as comparative and correlational descriptive and case studies.

**Level V:** Evidence obtained from case reports and clinical examples.

**Grade A:** Evidence of type I or consistent findings from multiple studies of type II, III, or IV

**Grade B:** Evidence of types II, III, or IV and findings are generally consistent

**Grade C:** Evidence of types II, III, or IV and findings are inconsistent

**Grade D:** Little or no systematic empirical evidence

OR

**Recommendation:** Reserved for guidelines that are based on Level I or Level II evidence.

**Suggestion:** Used for guidelines that are based on Level III, Level IV, and Level V evidence; this implies panel consensus on the interpretation of this evidence.

**No guideline possible:** Used when there is insufficient evidence on which to base a guideline; this implies (1) that there is little or no evidence regarding the practice in question, or (2) that the panel lacks consensus on the interpretation of existing evidence.

*Adapted from Somerfield et al. ASCO Clinical Practice Guidelines: Process, Progress, Pitfalls and Prospects. Classic Papers and Current Comments, 4(4); 881-886, 2000.*

**Levels of Evidence / Grades of Recommendation: *(\*\*OPTION 2 – you may use these levels and grades instead if desired\*\*)***

**Level I:** Evidence from at least one large randomised, controlled trial of good methodological quality (low potential for bias) or meta-analyses of well- conducted randomised trials without heterogeneity

**Level II:** Small randomised trials or large randomised trials with a suspicion of bias (lower methodological quality) or meta-analyses of such trials or of trials with demonstrated heterogeneity

**Level III:** Prospective cohort studies

**Level IV:** Retrospective cohort studies or case-control studies

**Level V:** Studies without control group, case reports, expert opinions

**Grade A:** Strong evidence for efficacy with a substantial clinical benefit, strongly recommended

**Grade B:** Strong or moderate evidence for efficacy but with a limited clinical benefit, generally recommended

**Grade C:** Insufficient evidence for efficacy or benefit does not outweigh the risk or the disadvantages (adverse events, costs, …), optional

**Grade D:** Moderate evidence against efficacy or for adverse outcome, generally not recommended

**Grade E:** Strong evidence against efficacy or for adverse outcome, never recommended

**Recommendations:**

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**Level of evidence – XXX; Grade of recommendation – XXX**

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**Level of evidence – XXX; Grade of recommendation – XXX**

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**Level of evidence – XXX; Grade of recommendation – XXX**

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**Level of evidence – XXX; Grade of recommendation – XXX**

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**Level of evidence – XXX; Grade of recommendation – XXX**

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**Level of evidence – XXX; Grade of recommendation – XXX**

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**Level of evidence – XXX; Grade of recommendation – XXX**

**Other References:**

Include any additional references here if desired