Chapter 1: Overview of guidelines

1. How to use these guidelines

These guidelines are intended for doctors (general practitioners and specialists) who provide medical care for patients with cervical cancer. The guidelines aim to provide useful treatment methods by integrating previous evidence of treatment benefits. However, the guidelines are not intended to be limited to the therapies listed. Their main purposes are as follows: (1) to indicate the current cervical cancer treatments that are considered appropriate, (2) to reduce differences in therapy among various institutions, (3) to improve the prognosis and safety of treatments, (4) to reduce the economic and psychosomatic burden on patients by performing appropriate treatment, and (5) to promote mutual understanding between healthcare professionals and patients.

The JSGO bears the responsibility for the content and descriptions of these guidelines. However, the final decision to use these guidelines should be made by the individual user. Thus, the physicians in charge of treatment are responsible for the outcome of treatment.

2. Method used to prepare these guidelines

To create these guidelines, the Guidelines Formulation Committee and Evaluation Committee were established independently from the Committee for the Treatment Guidelines for Cervical Cancer. The initial draft was created by thoroughly evaluating the various opinions from within and outside the JSGO prior to incorporating them into the final draft. The guidelines were published after approval by the JSGO.

(1) Classification of evidence

1. The guidelines were created in accordance with the international standard procedures of evidence-based medicine used for the creation of clinical practice guidelines.
2. In principle, searches of data and published literature were performed prior to December 2009 in Japan and overseas, and evidence was collected.
3. This collected evidence was evaluated for quality using the criteria of the Japan Society of Clinical Oncology and its Formulation Committee on Clinical Practice Guidelines for the Use of Anticancer Agents [4, 5]. However, it was modified to allow a portion of it to fit into the guidelines (Table 1).

Table 1 Classification of evaluation criteria for evidence quality

Level I: Evidence from multiple randomized controlled trials or meta-analyses of multiple randomized controlled trials
Level II: Evidence from at least one randomized controlled trial or multiple well-designed controlled studies without randomization
Level III: Evidence from at least one other type of well-designed quasi-experimental study or from well-designed nonexperimental descriptive studies, such as comparative studies, correlation studies, or case studies
Level IV: Expert committee reports, or opinions and/or clinical experiences of respected authorities

(2) Clinical questions and classification of recommendation categories

As a result of the discussions held by the Guideline Committee, controversial issues were selected as CQs and associated recommendations were made. Each recommendation in response to a CQ is accompanied by a classification of the evidence and a classification of the recommendation categories based on the consensus reached by the Guideline Committee members.

The strengths of the recommendations in our guidelines were also determined by the recommendation criteria of the Japan Society of Clinical Oncology and its Formulation Committee of Clinical Practice Guidelines for the Use of Anticancer Agents [6]. These were modified while referring to the "Guide 2007 Minds practice guidelines" (Table 2).

Table 2 Classification of recommendation categories

Grade A: The treatment is strongly recommended if at least one level I evidence indicates validity.
Grade B: The treatment is recommended if at least one level II evidence indicates validity.
Grade C1: The treatment can be considered, but the evidence is insufficient; for example, there are several reports of level III evidence that show validity with generally consistent results.
Grade C2: The treatment is not recommended without sufficient scientific evidence.
Grade D: The treatment is not recommended because neither utility nor effectiveness has been shown and because the treatment may be harmful.