

EDITORIAL

## Building a Global Alliance in Vascular Surgery<sup>☆</sup>

At the European Society for Vascular Surgery Annual Meeting in Budapest, Hungary, in September 2013, a landmark meeting was held that charted a new course of collaboration among the major vascular surgery societies. Representatives from the European Society for Vascular Surgery (ESVS), the Society for Vascular Surgery (SVS), and the World Federation of Vascular Societies (WFVS) met and agreed that the TransAtlantic Societal Consensus process no longer met the needs of defining standards of vascular care.<sup>1</sup> The group unanimously agreed to support collaboratively the development of evidence-based guidelines to assist vascular specialists and primary care physicians around the globe with the diagnosis and treatment of patients with vascular disease. Chronic limb threatening ischaemia (CLTI) was chosen as the initial effort, given the high level of associated morbidity and mortality, and the increasing prevalence of this most advanced form of peripheral arterial disease.

Several major issues pertinent to such a project were discussed and agreements were reached, including funding that was to be provided by the participating societies rather than from industry or other sources. Each society named a co-editor to guide the process. Drs Philippe Kolh (ESVS), Michael Conte (SVS), and Andrew Bradbury (WFVS) were nominated and readily accepted. It was agreed that the co-editors would serve for the entire duration of the project, to ensure continuity of effort. The co-editors were tasked with the responsibility of creating a structure by which the international collaboration would interact. Thus, the Global Vascular Guidelines project was born.

The unique nature of this effort compared to single society guidelines suggested that a strong and clear infrastructure was needed to ensure success for this and for subsequent collaborative projects. In early 2014, the co-editors met to define the duties of the co-editors and the process for creating the guidelines. It was decided that a steering committee would be formed to help oversee the project and that bylaws would be created that defined *a priori* how the group would interact, the writing process, how differences of opinion would be adjudicated, and how a global voice would be given to the project. Several critical roles for steering committee members were established and defined, including a recording secretary, who would keep the project on track. Each society appointed two

representatives to the steering committee. Drs Florian Dick and Jean-Baptiste Ricco (ESVS), Joseph Mills and John White (SVS), and Robert Fitridge and Kal Suresh (WFVS) accepted the challenge.

The co-editors and steering committee developed the project in accordance with the focus and scope established by the participating societies. It was not to be simple review of the literature, but rather a completely new and unique method of addressing the management of patients with CLTI. They established the general content of the guidelines, methods of evidence, and evaluation. Specific sections were assigned to each steering committee member who developed chapter outlines, and created a process to oversee the development of writing groups for the project. The co-editors and steering committee members, in conjunction with the participating societies, identified experts. A significant effort was made to create multidisciplinary teams. Each invitee was required to complete a conflicts of interest form to confirm that each writing group had more than 50% of its members free from conflicting relationships with industry.

The co-editors also established the schedule of meetings and set the agenda for each meeting. Periodic meetings of the co-editors and steering committee were planned to provide opportunity for debate and discussion of the content. A budget was developed to cover all aspects of the project and was circulated to the sponsoring societies for review and approval. Writing commenced in April 2015.

Key questions for systematic reviews were drafted in collaboration with a methodologist, in addition to detailed criteria for study inclusion to ensure the most up-to-date and relevant data analysis. Draft manuscripts were created by the writing groups and submitted to the co-editors and steering committee for review through an internet-based workspace provided by the SVS. Each working draft was reviewed, revised as needed, and independently reviewed by the Evidence-Based Practice Center at the Mayo Clinic. After approval of the co-editors, drafts were circulated to the participating societies. Societal critiques were addressed by the steering committee, and the manuscript revised accordingly using a simple majority vote of the co-editors and steering committee to adjudicate areas of debate and disagreement. A conditionally approved draft was then placed online for open comment by all stakeholders, including healthcare professionals, industry, patient advocate groups, and other professional societies. The co-editors adjudicated these comments and developed a final draft that was approved by the three sponsoring

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societies. The final guideline document was then submitted to the *Journal of Vascular Surgery* and the *European Journal of Vascular and Endovascular Surgery* for consideration for simultaneous publication, as agreed at the initiation of the project.<sup>2,3</sup> The guideline development process would not have been possible without the unwavering administrative support of Ms Patricia Burton and Ms Kristin Hitchcock of the SVS.

It is the unanimous conclusion of the co-editors and members of the steering committee that this first-ever global effort should be sustained by the three sponsoring vascular surgical societies. The exchange of information and the appreciation of the global challenges in the diagnosis and management of vascular disease warrant continuation of the process to raise continuously the standards of care for those so afflicted. The challenges with such unique healthcare projects include translation into multiple languages, processes for feedback, and continuous review with updates to maintain relevancy. Addressing these challenges will maintain not only the global standards that have been set, but will also sustain the alliance of the vascular societies forged through this effort.

## REFERENCES

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