

**Guidance for the preparation of Peripheral Nerve Society guidelines**

Approved by the Board of the Society April 2006

**Aim of guidelines**

A Peripheral Nerve Society (PNS) guideline aims to provide evidence-based guidance for clinical neurologists, other health care professionals and health care providers about important aspects of diagnosis and management of peripheral nerve disease. It provides the view of an expert group appointed by the Board of Directors of the PNS. It constitutes a peer-reviewed statement of minimum desirable standards for the guidance of practice based on the best available evidence. It is not intended to have legally binding implications in individual cases.

**Evidence classification and levels of recommendations**

Methods for preparing such guidelines have been prepared by the European Federation of Neurological Societies (EFNS) (Brainin et al. 2004) which were based on those of the American Academy of Neurology (AAN) Quality Standards Subcommittee (1999). This guidance is closely based on that of the EFNS. When evidence is inadequate, a guideline group may offer a level U (unclassified) recommendation based on consensus. Such a recommendation corresponds to what the Scottish Intercollegiate Guidelines Network (2002) calls a 'good practice point'. The definitions and requirements for the classes of evidence and levels of recommendations are listed in Tables 1 and 2.

**Table 1 Evidence classification scheme for a therapeutic intervention****Classes of evidence**

Class I: An adequately powered prospective, randomized, controlled clinical trial with masked outcome assessment in a representative population or an adequately powered systematic review of prospective randomized controlled clinical trials with masked outcome assessment in representative populations. The following are required:

- (a) randomization concealment
- (b) primary outcome(s) is/are clearly defined
- (c) exclusion/inclusion criteria are clearly defined
- (d) adequate accounting for dropouts and crossovers with numbers sufficiently low to have minimal potential for bias
- (e) relevant baseline characteristics are presented and substantially equivalent among treatment groups or there is appropriate statistical adjustment for differences

Class II: Prospective matched-group cohort study in a representative population with masked outcome assessment that meets a–e above or a randomized, controlled trial in a representative population that lacks one of the criteria a–e.

Class III: All other controlled trials (including well-defined natural history controls or patients serving as their own controls) in a representative population, where outcome assessment is independent of patient treatment.

Class IV: Evidence from uncontrolled studies, case series, case reports, or expert opinion

**Rating of recommendations**

Level A (established as effective, ineffective, or harmful): at least one convincing class I study or at least two consistent, convincing class II studies

Level B (probably effective, ineffective, or harmful): at least one convincing class II study or overwhelming class III studies

Level C (possibly effective, ineffective, or harmful): at least two convincing class III studies

Level U (probably or possibly effective, ineffective, or harmful): consensus opinion in the absence of convincing Class I, II or III studies.

**Table 2 Evidence classification scheme for a diagnostic measure**

Class I: A prospective study in a broad spectrum of persons with the suspected condition, using a gold standard for case definition, where the test is applied in a blinded evaluation, and enabling the assessment of appropriate tests of diagnostic accuracy.

Class II: A prospective study of a narrow spectrum of persons with the suspected condition, or a well-designed retrospective study of a broad spectrum of persons with an established condition (by gold standard) compared to a broad spectrum of controls, where the test is applied in a blinded evaluation, and enabling the assessment of appropriate tests of diagnostic accuracy.

Class III: Evidence provided by a retrospective study where either persons with the established condition or controls are of a narrow spectrum, and where the test is applied in a blinded evaluation.

Class IV: Any design where test is not applied in blinded evaluation OR evidence provided by expert opinion alone or in descriptive case series (without controls).

**Rating of recommendations**

Level A rating (established as useful/predictive or not useful/predictive) requires at least one convincing class I study or at least two consistent, convincing class II studies.

Level B rating (established as probably useful/predictive or not useful/predictive) requires at least one convincing class II study or overwhelming class III studies.

Level C rating (established as possibly useful/predictive or not useful/predictive) requires at least two convincing class III studies.

Level U (probably or possibly effective, ineffective, or harmful): consensus opinion in the absence of convincing Class I, II or III studies.

**Proposing, planning and writing a guideline**

1 PNS Guidelines will be produced by a Guideline Group appointed by the Board of Directors following formal approval of a Proposal.

2 Proposals for Guideline Groups concerning management of peripheral nerve disease should be submitted to the Secretary of the Board. The secretary will have the proposal considered by a Guideline Subcommittee who will advise the Board whether the proposal be accepted, revised or declined. The proposal should include the title, objectives, membership, conflicts of interests, short (100–300 words) explanation of why the guideline is needed, a statement whether other guidelines already exist, search strategy, method for reaching consensus, budget and time frame for accomplishment.

3 The Guideline Group will consist of a Chair and at least six but not usually more than 12 members. No more than two members should usually come from the same Department in the same Institution. Conflicts of interest must be declared by members at the time of the formation of the Guideline Group The Chair should be free from conflicts of interest. If feasible, the group should include a patient advocate and other relevant specialists (such as a statistician) and health professionals.

4 Where possible meetings of the Guideline Group should be held at the PNS biennial meeting. The Guideline Group may apply to the Treasurer for funds from the PNS for a meetings at one other time to facilitate their work. The Chair must submit an annual account to the Treasurer.

5 The Task Force will search and review the available evidence and include within its report the search strategy employed. The strategy should include as a minimum MEDLINE, EMBASE and for therapeutic interventions, the Cochrane Library, and the Cochrane Neuromuscular Disease Review Group register ([www.cochrane.org](http://www.cochrane.org)).

6 Existing guidelines prepared by other organizations will be sought and where appropriate adopted in part or whole with appropriate acknowledgement and respect for copyright rules.

7 Research questions should be selected.

8 The titles and abstracts from the searches should be scrutinised by two Guideline Group members and a short list of possibly relevant papers created. The full text of such papers should be obtained and each of the two members should decide whether the paper is relevant to the question and should be taken into account. In the case of disagreement, the Chair of the Guideline Group should take advice from all Group members and then decide.

9 Evidence related to each question should be collected onto a specially designed data extraction form by two members of the Guideline Group giving the reference, class of evidence, type of study, patient population sample size, and principal results. The two data sets should be verified and the agreed version entered into an Evidence Table to be published with the Guideline or on the PNS website or both. In case of disagreement about the Class of Evidence between the data extractors, the Chair of the Guideline Group should take advice from all Group members and then decide.

10 The format of the guidelines will use the style of the Journal of the Peripheral Nervous System and follow a template with these sections:

- (1) Title. This should read: Peripheral Nerve Society Guideline on .....
- (2) Authors
- (3) Structured abstract: Background; research questions and principal recommendations
- (4) Background
- (5) Objectives
- (6) Search strategy
- (7) Method for reaching consensus
- (8) Results
- (9) Table of Evidence
- (10) Recommendations
- (11) Statement of the likely time when the guidelines will need to be updated
- (12) Conflicts of interest
- (13) Acknowledgements
- (13) References.

11 The Guidelines report should not be more than 5000 words excluding evidence tables and references. Supplementary material may be published on the PNS website.

12 The Guideline authors will be the members of the Group with the Chair usually cited first and then the other authors usually in alphabetical order by surname at the discretion of the Guideline Group Chair.

13 The Guideline Group Chair should submit the guideline for approval to the Secretary of the Board.

14 The Board will have the proposed guideline reviewed by a PNS Guideline Subcommittee appointed by the Board consisting of a chair and two other members of the Society. The Subcommittee will ask at least two content experts to referee the guideline. The Guideline Subcommittee Chair will receive the comments from the Subcommittee members and ad-hoc reviewers compose a preliminary response and submit to the other members of the Board of Directors and the Editor of the Journal of the Peripheral Nervous System. The Guideline Subcommittee Chair will merge their comments in the final response and advise the Guideline Group Chair whether the guideline has been accepted or not, within 8 weeks of submission. If revision is needed, the Guideline Group will prepare a revised version and submit this to the review process again, highlighting the revisions and documenting the responses to each of the referees' comments.

15 Following approval, the guideline will be submitted by the Chair of the Guideline Group to the Journal of the Peripheral Nervous System with a view to publication. The Editor will normally accept the guideline for publication without further refereeing but may make minor editorial changes.

16 Guidelines will be published simultaneously on the PNS website and in the Journal of the Peripheral Nervous System.

16 The validity of published guidelines will be reviewed by the chairman of the Guideline Group at least every two years and the guideline updated if necessary.

**References**

American Academy of Neurology, Quality Standards Subcommittee (1999). Process for Developing Practice Parameters. Saint Paul, MN: American Academy of Neurology.

Brainin M, Barnes M, Baron J-C. (2004) Guidelines for the preparation of neurological management guidelines by EFNS scientific task forces – revised recommendations. *European Journal of Neurology* 11,577–81.

Scottish Intercollegiate Guidelines Network (SIGN) (2002) Management of patients with stroke. A national clinical guideline. [www.sign.ac.uk](http://www.sign.ac.uk).