EDITORIAL

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De novo development of Clinical Practice Guidelines or adaptation of high-quality international Guidelines. When and how

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The Colombian Journal of Obstetrics and Gynecology features the Colombian Consensus for the Molecular Diagnosis of Endometrial Cancer and the Expert Consensus for the Profiling and Management of high-grade advanced epithelial ovarian cancer. Oncology researchers from different institutions in the country have developed the two. From its pages, RCOG supports the work of these professionals to reduce cancer mortality in Colombia by standardising the diagnosis and management of these conditions.

I would like to seize this opportunity afforded by the publication of these important documents to discuss whether we should continue to develop new evidence-based clinical practice guidelines (CPG) and expert consensus (EC) in lieu of adapting or adopting these high-quality knowledge transfer (KT) products developed in other parts of the world in the form of CPG or health technology assessments (HTA).

In health, KT is based on verifiable and replicable methodologies. It starts by defining the question or questions to be answered, a clear establishment of the studies selection criteria that can provide the information according to the type of question, repeatable search strategies, reviewable study selection and data extraction processes, and use of homogenous information synthesis methods (1). These characteristics should allow for greater efficiency in the production and use of CPGs and HTAs. In a setting of limited resources, as is the case in the health sector worldwide, albeit to a greater extent in low and middle-income countries, replication of processes and products should be avoided considering that, if are carried out conscientiously, they should lead to similar results in terms of identification and qualification of the body of evidence available for answering relevant questions for individual or population-wide decision-making.

Coronary heart disease or breast cancer are examples that we can use to illustrate this situation. These are relevant disease conditions in developed and developing countries because of their high incidence and associated mortality (2) and the costs involved in their diagnosis (3) and treatment (4). By their capabilities, governments devote significant financial resources to these conditions, and the same can be said of the industry that invests their funds in medications and health technologies, particularly in high-income countries, where most of the research in new technologies for cardiovascular disease and cancer is carried out (5).

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In contrast, there are conditions, which have a higher impact on low and middle-income countries, including transmissible diseases such as malaria or syphilis, children and maternal mortality causes, or trauma and violence (6). The governments of "rich" or even lower-income countries in these conditions invest not much, and industry is rarely interested in doing so (7). Regarding knowledge production around these disease conditions, we are highly dependent on research centers located in North America and Europe, probably due to the decisions of our politicians.

Let us briefly examine the availability of CPGs for breast cancer and malaria. In a quick search in the Medline via PubMed library using the free terms "breast cancer and clinical practice guidelines" limited to 2023 publications, we retrieved 27 references of guidelines dealing with topics such as prevention, screening, diagnosis using various technologies, treatment for early and advanced stages using different alternatives such as surgery, radiotherapy, targeted therapies, management of physical and mental complications. Many of these guidelines originated from high-income countries. In another search of clinical practice guidelines for malaria using the terms "malaria and clinical practice Guidelines" and "malaria and Guidelines," I found 11 results, including one guideline for managing the condition and ten dealing with population attitudes and guideline implementation.

Therefore, a significant number of recent, high-quality guidelines are likely available for CPGs and CE documents that focus on conditions that affect all countries. It would be more efficient for the government to adopt CPGs developed in high-income countries or by multilateral organizations instead of embarking on a "de novo" development. In the best cases, such an exercise would repeat the findings of the more recent international guidelines regarding evidence quality and risk-benefit relationships. As for preferences, there is still a paucity of data regarding our preferences.

Consequently, it would be fitting to devote the resources available for the "de novo" CPG and consensus development to those disease conditions that affect our population to a greater degree and to innovation in methodologies to help us improve the adaptation process. This process involves understanding relevance and transferability to our context and assessing such adaptation's ethical, financial and social impact (1). Moreover, there is a need to invest in research to identify our preferences, our main health problems, and the mix of disease conditions that affect both developed and developing countries.

We hope that the Colombian Health Assessment Institute (IETS), the Ministry of Science and Technology, and the Ministry of Health, respectively, entrusted with CPG and HTA development in the country, will consider the options described above to make more efficient resource investments and reduce the burden of diseases affecting us as well as our technological and scientific dependence in this field of human development.

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