March 12, 2018

MASCC Guidelines Policy

Recommendations for MASCC Guideline Construction and the Endorsement of Externally Generated Guidelines

Preamble

MASCC recognizes that providing supportive care facilitates excellent cancer care. One way to enhance the quality of supportive care is to develop and disseminate evidence-based clinical practice guidelines. The purpose of this policy is to establish standards and expectations for guidelines that bear the MASCC name. This policy creates a platform for MASCC guidelines and supports that MASCC guidelines are of the highest quality and evidence-based.

In addition, MASCC occasionally receives requests to endorse guidelines developed by other groups, agencies and organizations. A clearly described procedure should exist to evaluate such requests.

This document describes a process for:

A. developing MASCC guidelines
B. endorsing externally generated guidelines
C. utilizing MASCC financial support to develop guidelines.

This document is organized into the following sections:

A. MASCC Guidelines

B. Endorsement of Externally Generated Guidelines

C. Appendices

Appendix 1: Example of a literature search strategy

Appendix 2: Levels of Evidence and Grading/Categories of Guidelines

Appendix 3: Study Group Chair's Report on External Guidelines submitted for MASCC Endorsement

Appendix 4: Policy Concerning Development and Submission for Approval of Guidelines Receiving Financial Support from MASCC

A. MASCC Guidelines

Basic Expectations and Terminology

A MASCC guideline must be evidence-based. This typically means that it must be based on systematic reviews of the literature.

Position papers, opinion pieces, and consensus statements that are based on expert opinion should be titled as such and should not be called a “MASCC Guideline”.

Any evidence-based MASCC guideline development project that includes recommendations based solely on expert opinion/consensus due to lack of scientific evidence, will include such clarifications to differentiate these recommendations from the other, evidence-based guidelines contained in the portfolio.

Topic Selection

A guideline topic may be proposed by any member of MASCC. The suggestion should be forwarded to the relevant study group leader for discussion; consensus regarding whether or not to proceed with guideline development must be achieved by the study group. This decision will be based upon the importance of the topic, the absence of any other existing high-quality guidelines, within MASCC or external to MASCC that are acceptable to MASCC, and the resources of the group.

Guideline Project Group

The chair of the guideline development project does not need to be the leader of the relevant study group, nor does the entire study group need to be involved in all processes since the topic may not lie in their field of interest/expertise. Depending upon the topic, the leader may ask for other MASCC members to participate.

The study groups and chairs will select the experts and will request that these individuals be approved by the MASCC Executive Committee.

> In most circumstances, these persons will be approved based on these recommendations.
>
> However, good governance requires that the MASCC Board, whom ultimately holds responsibility for the organization, is aware of any agreements reached with external collaborators. This approach also ensures that MASCC can account

for all activity within the organization, so that MASCC does not have any activity that is competing or conflicting. An example of this potential conflict would be if MASCC was negotiating with a sponsor regarding a large project and yet was not aware that a study group was also seeking funds for its project from the same sponsor.

Approval by MASCC's Executive Committee also ensures that any external appointments and collaborations do not entail unexpected expense or loss of MASCC's rights to intellectual property.

To facilitate communication with the Board of Directors, a Board member must be represented on all guideline groups. This Board member will provide regular reports to the Board at an interval to be determined by the Board in advance.

Employees of commercial entities are not eligible to serve on a MASCC Guidelines Panel.

All members of a MASCC Guidelines Project must be asked to fill out a Conflict of Interest disclosure. These disclosures must be listed in the guidelines publication.

Whenever possible, the guidelines project should attempt to identify a person who would represent a service user to participate in the development of a guideline to help advance a patient-centered perspective.

Review of Proposed Project

The leader of a proposed guideline project (new project or update to an existing guideline) is encouraged to submit a brief plan outlining the proposed methodology to the MASCC Guidelines Committee at the outset of the project. The purpose of this early communication is to ensure that the MASCC Guidelines Committee can support the proposed methodology and/or advise on ways to improve the methodology, in order to facilitate future assessment of and deliberation by the Committee.

Financial Support for MASCC Guideline Projects

In keeping with current best practices, direct industry support for guidelines development is not permitted. Stipends/honoraria to panel members for guidelines development are also not allowed. Industry support via MASCC can be permitted for guidelines dissemination (such as open access publications).

MASCC has instituted a mechanism to support guidelines projects. This requires an application to MASCC in response to the call for budget submissions that goes out to study group leaders by October 1 of a given year. Additional details can be obtained

from the MASCC Executive Director. Projects receiving this support must acknowledge it in the guidelines publication(s).

Guideline Development Methodology

It is essential to have a systematic search and review of the relevant literature and to outline the process by which papers were identified including the year of publication, keywords and selection criteria. An example is listed in Appendix 1.

The process should include an evaluation of the quality of the body of evidence supporting each intervention. There should be pre-defined criteria to describe what level or quality of evidence is adequate to support a guideline and what constitutes each level of evidence. These criteria should be uniformly applied across the various interventions being reviewed. There can be different levels of guidelines based on the level of the underlying evidence (for example: “Recommendations” based on higher-level evidence and “Suggestions” based on lower-level evidence). Each individual guideline statement should be accompanied by a level of evidence or other indicator of the quality of the underlying evidence in the population to which the guideline applies.

A clear indication of timelines should also be presented, including timelines for publication/dissemination and plans for updating the guidelines.

Appendix 2 lists an example of criteria that have been used by MASCC, ASCO, and ESMO for different levels of evidence and two examples of criteria for guidelines development based on these levels of evidence.

External Review of a Draft Guideline

The guideline project chair is encouraged to ask for a review of the proposed guideline by 3-5 additional individuals with special expertise in this area and several practitioners who might apply the guideline. The purpose of this feedback is to ensure that:

- all pertinent literature has been identified and reviewed;
- a balanced perspective has been given in the assessment of the quality of the evidence and preparation of the guideline;
- and that the final recommendations will be useful to practitioners.

Guideline Format

Guidelines shall contain the following:

- Title with MASCC mentioned in the title
- Name of guideline group members/study group.

- Declaration of guideline development members (and any non-members) conflicts of interest (none or any).
- Acknowledgement of financial support received from MASCC.
- Guidelines development methodology, including the literature search strategy and inclusion/exclusion criteria.
- A summary of the relevant literature.
- Recommendations in bullet point, each accompanied by a level of evidence or other indicator of the quality of evidence supporting that statement
- A discussion which may include feedback from outside experts or practitioners
- References
- Appendices, if needed.

Approval by MASCC

The guideline will be first reviewed by the MASCC Guidelines Committee which will make a recommendation to the MASCC Executive Committee on approval of the guideline. Approved guidelines will be referred to the MASCC Executive Director for publication on the MASCC website.

Publication and Copyright

Approved MASCC guidelines will appear on the MASCC website, but this may be delayed so as not to compromise acceptance for publication in a peer-reviewed journal. The guideline group may reformat the approved document to make it suitable for publication in a journal. Guidelines groups are encouraged to publish MASCC Guidelines as open access publications to facilitate dissemination and retain copyright. The official journal of MASCC, *Supportive Care in Cancer*, should be considered for publications relating to MASCC guidelines. A MASCC guideline should not be presented in any forum (except for the Guidelines Panel meeting and the MASCC annual meeting), until after it is finalized and posted on the MASCC website (or published in a peer-reviewed journal, whichever comes first).

Joint Development of Guidelines with Other Organizations

Proposals for joint development of guidelines with other organizations are encouraged and should be submitted to the Office of the Executive Director. In order to be approved by MASCC, guidelines developed jointly with other organizations are expected to meet the standards and procedures outlined in this document. It is recognized that non-MASCC members are likely to be involved in the development of such guidelines. Any discrepancies between this policy and the relevant policy of a partner organization will be addressed on a case-by-case basis. The MASCC Guidelines Committee and MASCC Executive Committee will review such guidelines prior to publication to ensure that they meet MASCC standards.

B. Endorsement of Externally Generated Guidelines

"Endorsement" will mean judgment by a study group and MASCC Guidelines Committee (and subsequently by the MASCC Executive Committee) that the guideline recommendations are consistent with the best evidence and are suitable for use in practice. Endorsed guidelines will be referenced on the MASCC website.

"Externally generated" means that the guideline was not created through MASCC.

Requirements for an External Guideline to be "endorsed" by MASCC

In general, expectations for an external guideline (including consensus statements) seeking MASCC endorsement are similar to the standards for MASCC Guidelines described in Part A of this policy. i.e. it should be a high-quality, evidence-based guideline developed based on systematic reviews of the literature. In addition, the following criteria apply to external guidelines:

1. The topic falls in an area of interest to MASCC

2. It does not substantially overlap with an existing MASCC guideline

3. The guideline has been published in a journal or is available through a reputable organization on its website

4. If the original guideline is in a language other than English, it must be translated into English before review and endorsement.

Procedure for MASCC Review and Endorsement of an External Guideline

1. The external guideline is first sent to the Chair(s) of the relevant MASCC Study Group(s) for review, using a standardized form (Appendix 3).

2. The input of the Study Group Chair(s) and the external guideline are sent to the MASCC Guidelines Committee for review. The MASCC Guidelines Committee makes a recommendation to the MASCC Executive Committee.

3. The MASCC Executive Committee makes the final decision, which is communicated by the Executive Director to the external organization requesting the endorsement.

Endorsed guidelines will be posted on the MASCC website with an indication that they have been endorsed by MASCC. The process allows for qualifying comments to be added to the MASCC endorsement, if warranted. Updates of endorsed guidelines should be resubmitted to MASCC for endorsement. MASCC reserves the right to remove from its website endorsed guidelines that have not been updated for 5 or more years.

C. Approval of Guidelines Receiving Financial Support from MASCC

Appendix 4 describes MASCC's policy concerning the development and submission for the approval of guidelines receiving financial support from MASCC. This policy is designed to delineate policy and procedures in order to maximize the production and dissemination of high quality supportive care guidelines while eliminating or minimizing any barriers to the process. Any group seeking funding support from MASCC and MASCC's endorsement for its guidelines development initiative will delineate in the submission of its proposed guideline to the MASCC Guidelines Committee that such funding support was obtained and is expected to follow the requirements as specified in the policy.

Acknowledgements

This MASCC Guidelines Policy was prepared by the MASCC Guidelines Committee (2016-2018) consisting of Douglas Peterson, Fred Ashbury (Chair), Alex Molassiotis, Matti Aapro, Elaine Boland, Bernardo Rapoport, and Don Gubitosa.

The current version of this policy was adapted from the previous MASCC Guidelines Policy prepared by the MASCC Guidelines Committee (2014-2016) consisting of Matti Aapro, Fred Ashbury, Rajesh Lalla (Chair), Douglas Peterson, Alex Molassiotis, Bernardo Rapoport, and Anne Young.

This policy was adapted from the previous MASCC Guidelines Policy prepared in 2008 by Matti Aapro, Linda Elting, Richard Gralla, Jørn Herrstedt, Fausto Roila, and David Warr.

Appendices

Appendix 1: Example of a literature search strategy

The following is an example of a literature search strategy on the use of 5-HT3 receptor antagonists followed by the criteria used for including or excluding the papers that were identified.

Literature Search Strategy
The MEDLINE and CANCERLIT databases were originally searched from January 1987 to November 1997. The search terms included the medical subject headings ondansetron, granisetron, neoplasms, practice guidelines, meta-analysis, randomized controlled trials, double-blind and single-blind method; and the text words ondansetron, granisetron, dolasetron, tropisetron, 5HT3 antagonist(s), serotonin antagonist(s), randomized controlled trial and random (truncated). The search also included the publication types practice guideline, meta-analysis and randomized controlled trial. The Physician Data Query (PDQ), the Cochrane Library and the proceedings of the annual meeting of the American Society of Clinical Oncology (ASCO) (1995-1999) were also searched for reports of new or ongoing trials. The lead author checked his personal files for reports of relevant studies. Articles and abstracts were selected and reviewed, and the reference lists from these sources were searched for additional trials.

Inclusion Criteria
Articles were selected for inclusion in this systematic review of the evidence if they met the following criteria:

1. Reports of randomized trials comparing one or more 5-HT3 receptor antagonist (dolasetron, granisetron, ondansetron or tropisetron) with a suitable control group (placebo or antiemetic) in adult cancer patients receiving moderately or highly emetogenic chemotherapy.

2. Since emesis and nausea are subjective endpoints, only the results of randomized double-blind studies were used to formulate the recommendations of this guideline. The results of unblinded or single-blind studies are listed in a separate table in Appendix 1.

3. It has been demonstrated that antiemetics used prior to chemotherapy influence the frequency of delayed-onset emesis (2). Therefore, to address the question of duration of administration of 5-HT3 receptor antagonists, this overview includes only those studies in which the same antiemetics were administered in both the treatment group and the control group during the first 24 hours, or those in which randomization occurred 24 hours after the initial antiemetic therapy.

Exclusion Criteria
1. Phase I and II studies were not considered for inclusion in this report because of the availability of randomized controlled trials.

2. Letters and editorials were not considered.

3. Papers published in a language other than English were not considered.

4. Studies where different 5-HT3 antagonists were used during the first 24 hours were ineligible.

Appendix 2

Levels of Evidence and Grading/Categories of Guidelines

Levels of evidence

I	Evidence obtained from meta-analysis of multiple, well-designed, controlled studies; randomized trials with low false-positive and false-negative errors (high power).
II	Evidence obtained from at least one-well designed experimental study; randomized trials with high false-positive and/or false-negative errors (low power).
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.
IV	Evidence obtained from well-designed, non-experimental studies, such as comparative and correlational descriptive and case studies.
V	Evidence obtained from case reports and clinical examples.

Grading of Guidelines

Grade of Guideline	Evidence Needed
A	Evidence of type I or consistent findings from multiple studies of type II, III, or IV
B	Evidence of types II, III, or IV and findings are generally consistent
C	Evidence of types II, III, or IV and findings are inconsistent
D	Little or no systematic empirical evidence

OR

Categories of Guidelines

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.

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

Appendix 3

Study Group Chair's Report on External Guidelines submitted for MASCC Endorsement

Please carefully review the MASCC Guidelines Policy and the external guideline submitted for MASCC endorsement.

Please respond to each of the following questions:

1. Name of Chair and Study Group

2. Does the topic fall in an area where you have sufficient expertise to review the content?

3. Does the guideline overlap substantially with an existing MASCC guideline? If yes, please specify.

4. Is the guideline evidence-based? (typically this requires that the guideline should be based on a systematic review of the literature)

5. Is the process of literature review explicitly stated e.g. years of publication, key search words, criteria for selection of papers, etc.?

6. Is the quality of the review sufficiently high (thorough, unbiased)?

7. Is the interpretation of the evidence appropriate?

8. Will the guideline be of use to MASCC members?

9. Do you recommend that MASCC endorse this guideline?

10. If yes, are there any qualifying statements that should be made about the scientific content (such as a disagreement with a certain aspect of the guidelines)?

Appendix 4

Policy Concerning Development and Submission for Approval of Guidelines Receiving Financial Support from MASCC

Purpose:

The purpose of this policy is to outline the steps and requirements of individuals, groups, and agencies/organizations who receive financial support from MASCC to support the development and submission of clinical practice guidelines for approval by MASCC.

Rationale:

MASCC does not currently have a policy concerning production and dissemination of guidelines developed by individuals and/or professional organizations who have received funding to support the preparation of guidelines. Such support has been historically provided by MASCC regarding several components of guideline development and distribution, including but not limited to:

- funding for in-person guidelines meetings, if needed (note: in-person guidelines meetings must be held in conjunction with the annual MASCC/ISOO meeting)[1] to include the meeting room, audio-visual equipment and refreshments;
- funding for guideline development member teleconferences;
- conducting of literature reviews;
- obtaining external experts to prepare clinical and scientific content for and to write the guideline (this does not include time taken by external experts to review a guideline);
- conducting data collection activities (e.g., surveys of practice); and
- funding for open-access to a publication of the guidelines document accepted by a high-profile journal.

Note, the above are examples of funding support for guidelines preparation. Their mention does not guarantee coverage of those costs.

Despite the positive role of such funding, challenges have occurred over the years including:

- inadequate preparation of guidelines documents;

[1] Travel-related expenses (example, airfare, train, car, hotel, and the like) to participate in guidelines meetings by MASCC/ISOO members and any external members will not be reimbursed.

- significant lag time from the time of funding support to generation of a reviewable guideline submitted to the Guidelines Committee for review;
- inappropriate attribution of MASCC funding support.

This document is designed to delineate policy and procedures in order to maximize the production and dissemination of high quality supportive care guidelines while eliminating or minimizing any barriers to the process.

Scope:

This policy applies to all individuals and organizations who receive financial support from MASCC in order to develop clinical practice guidelines to be submitted to MASCC for its endorsement.

Responsible Party:

MASCC Guidelines Committee

GUIDELINES POLICY REQUIREMENTS, INCLUDING BUDGET

I. Policy Statement

At time of application to MASCC, each potential recipient of MASCC funding must agree in writing to abide by the Requirements as described in Section II.

The request for funding shall be submitted to the MASCC Executive Director, via the e-mail address listed on the MASCC website.

II. Requirements

- Written documentation by applicant regarding agreement to abide by the policies described in this document.

- Budget and justification

  Note: In person meeting/s should be scheduled contiguous to the MASCC/ISOO Annual Meeting whenever possible.

Budget category	Request payment	Date of requested payment (month/year)

- Methodology(ies) for MASCC supported guidelines development

MASCC funded guidelines development initiatives will be confirmed by the MASCC Executive Director and communicated to the MASCC Guidelines Committee Chair. The MASCC funded guidelines development initiative is expected to follow the same guidelines development criteria described in the main policy document. This is described as follows:

- It is essential to have a systematic search and review of the relevant literature and to outline the process by which papers were identified including the year of publication, keywords and selection criteria. An example is listed in Appendix 1.

- The process should include an evaluation of the quality of the body of evidence supporting each intervention. There should be pre-defined criteria to describe what level or quality of evidence is adequate to support a guideline and what constitutes each level of evidence. These criteria should be uniformly applied across the various interventions being reviewed. A minimum of two reviewers should independently assess the relevant literature and score the literature using the pre-defined criteria. Reconciliation, where necessary, of the independent reviews will first be done by the involved reviewers and if agreement is not reached, then discussed with the larger guidelines development team to achieve consensus. The quality of papers included in the literature assessment might consider the framework by Hadorn and colleagues (1996).[2]

- There can be different levels of guidelines based on the level of the underlying evidence (for example: “Recommendations” based on higher-level evidence and “Suggestions” based on lower-level evidence). Each individual guideline statement should be accompanied by a level of evidence or other indicator of the quality of the underlying evidence in the population to which the guideline applies.

- Appendix 2 lists an example of criteria that have been used by MASCC, ASCO, and ESMO for different levels of evidence and two examples of criteria for guidelines development based on these levels of evidence.

- Length of time from the granting of funding support to submission of a guideline to the Guidelines Committee for consideration

[2] Hadorn DC, Baker D, Hodges JS, Hicks N. Rating the quality of evidence for clinical practice guidelines. J Clin Epidemiol 1996;49: 749-754.

- Guidelines development initiatives supported by MASCC have a maximum of 18 months from the time of approval of financial support to the submission of the proposed guideline to the MASCC Guidelines Committee for Consideration. Exceptions to this timeline will be considered by the Executive Director of MASCC on a case-by-case basis.

- Monitoring of progress by Guideline Committee (accountability)
  - The MASCC Guidelines Committee will expect to receive semi-annual updates on the progress of the group funded to prepare a guideline supported by MASCC funding. A payment schedule for the support period will also be implemented (see chart below) that requires the MASCC Executive Director and Guidelines Committee Chair to approve disbursements according to achievement milestones.

Payment Plan

(maximum of 18 months unless extended duration approved in advance by MASCC Board)

Milestone	**Date (month/year)**	**Payment**
Initial payment		
Total payment		

  - MASCC financial support will be given in terms of milestone payments. The milestone payments will be tagged to the deliverables outline in the project budget. For example, if a literature review is required to support guideline preparation, the value of the literature review will be paid upon its demonstrated successful completion. Appropriate evidence of the cost of the literature review will be necessary for payment to be forwarded (receipts, invoices, etc).

- Involvement of external experts

  - It may be necessary to include a person with specific expertise not represented on the guidelines team who is not a MASCC member. This external consultant should be identified before work is asked of her or him and approved by the MASCC Executive Director. If the addition of this person was not initially contemplated (for example, if an existing team member with the requisite expertise

had to step down from the role), approval of the expert consultant is still required. If the external consultant represents an incremental budget expense, this expense is subject to approval by the MASCC Executive Director. Please refer to the main policy on guidelines development to ensure that the role, timing and execution of an external expert complies with MASCC's requirements.

- Skills represented on the guidelines development team
    - A guidelines development team should include the following skills:
        - subject-matter expertise
        - clinical research expertise, including statistics, biostatistics
        - expertise in systematic reviews
- Inclusion of representatives of the "next generation"
    - MASCC is committed to providing opportunities to the next generation of oncology supportive care clinicians, scientists and other specialists. As such, a guidelines development team should recruit and engage a member of the team who represents that next generation to provide an opportunity for development and sustainability of the discipline.
- Requirement for MASCC membership within the guidelines development team
    - As stipulated in the main policy, guidelines development team members must be MASCC members. Exceptions to include non-MASCC members must be presented to the MASCC Executive Director for approval.
- Publication in peer-reviewed journal (e.g., SCC, other)
    - MASCC supported guidelines development initiatives will be expected to publish the approved guideline in a peer-reviewed journal, such as *Supportive Care in Cancer*. The publication must acknowledge the financial support provided by and approval of MASCC. Any supporting work for the guideline (e.g., a systematic review of the literature) which received financial compensation from MASCC will also be submitted to a peer-reviewed journal and bear the same acknowledgements.
- Industry funding support for guidelines
    - production of guidelines: **no industry support permitted**

- dissemination of completed guidelines can be supported by Industry. Approval for this support must be received from MASCC's Executive Director, including any language used to "acknowledge" the support received.

- Guidelines development receiving funding support from MASCC as well as from another society

    - Any guideline that has received funding support from MASCC must acknowledge this funding support in the guideline and any publications associated with the guideline. If incremental funding support is received from an external agency that is agreed to by MASCC (e.g., ESMO, ONS, etc.), the guideline and any associated publications must acknowledge that support as well. It is expected that the guideline development team will secure the necessary "language" required to acknowledge the funding support from MASCC and the external agency.

- Expectation for updating the guideline based upon ongoing evolution of the science and its clinical translation

    - It is expected that a guideline will require updating based on the evolution of research and practice. The MASCC Guidelines Committee will invite recommendations to update existing guidelines three (3) years post approval of the guideline. If at that time there is insufficient reason (absence of new research to require a revision, for example) to update the guideline, the Guidelines Committee will seek recommendations for updating the guideline based on experts' opinions of when new research or practice will necessitate a change. A group proposing to update an existing guideline supported and approved by MASCC will apply to the MASCC for financial support to update the Guideline.

- Conflict of interest management and documentation

    - Each guideline development team member must declare in writing prior to the commencement of any conflict of interest. It is the responsibility of the guideline development team lead to ensure the conflict of interest statements are secured and submitted to the MASCC Executive Director for review and approval. The MASCC Executive Director may seek guidance from the MASCC leadership prior to giving approval and/or may seek clarification from the

guideline development team lead before approval is given. This documentation, including the approval letter, must accompany the proposal to MASCC for funding to support the guideline. If a guideline is approved by MASCC, the conflict of interest declarations must be included in the final package and acknowledged in any public presentation of the guideline. Journal articles emanating from the guidelines initiative will follow the conflict of interest requirements of the journal(s).

- External Review of Guidelines prior to completion
    - When a proposed guideline is near completion, the Guidelines Committee will ensure that the requisite study group chairs are invited to review the guideline. If the study group chairs are participants in the development of the guideline, then the chairs will be asked to recommend experts external to the group to assess the guideline, if this expertise is required by the Guidelines Committee.

III. **Procedures**

Note:

An application form will be developed by MASCC that describes the requirements and acts as a "check box" for the group developing the guidelines

The application process requires submission of the intent to develop a supportive care guideline to be funded and endorsed by MASCC, including proposed guideline development team members, proposed budget and work plan, and signed agreement to abide by the Requirements of this policy. Signed conflict of interest statements of guideline development team members must be included in the application submission.