



ESMO Guidelines Committee (GLC) Standard Operating Procedures (SOPs) for ESMO Clinical Practice Guideline (CPG) Express Updates

| | |
|-------------------------|---|
| Version | ESMO CPG Express Updates SOPs Version 3.0; February 2025 |
| Changes in this version | Modified Initiation of an Express Update, ESMO Express Update authorship, ESMO author Declaration of Interest, Express Update development, and Online publication and proof Added Final review and submission, and Revision and resubmission |

Note: these SOPs only apply to ESMO CPG Express Updates. Please see the CPG SOPs for full guidance on the preparation of CPG publications, available here: <http://www.esmo.org/Guidelines/ESMO-Guidelines-Methodology>.

1 Definition and usage of Express Updates

An Express Update is a published, short update of a specific section of an existing CPG.

Express Updates are suitable when a clinically important breakthrough needs to be rapidly communicated but a time-consuming update of the full CPG is not necessary. This includes new study data, new European Medicines Agency (EMA) or United States Food and Drug Administration (FDA) indication or changes to approved indications and related ESMO Magnitude of Clinical Benefit (ESMO-MCBS) scores and when new data are available to support ESMO Scale for Clinical Actionability of molecular Targets (ESCAT) scores. Express Updates are only applicable to ESMO CPGs that are not also Living Guidelines.

To reduce the chance that readers miss important updates, it is preferable to issue fewer Express Updates covering multiple recommendations rather than many individual Express Updates. If updates are extensive, a full CPG update should be considered instead. In that case, however, the process that should be followed is outlined in the ESMO CPG SOPs, available here: <http://www.esmo.org/Guidelines/ESMO-Guidelines-Methodology>.

2 Initiation of an Express Update

Initiation of an Express Update should be proposed by the lead author of the published CPG or the GLC Subject Editor (SE), and approved by the GLC Chair. No kick-off meeting is required.

An Express Update should be published when:

- Important breakthroughs need to be rapidly communicated
 - i.e. new findings are available that impact clinical decision-making but are not currently included in the published version of the CPG.
 - The content of Express Updates should be supported by peer-reviewed publications. Non-peer-reviewed abstracts from large meetings may be considered as support for new breakthrough data. If an Express Update is based on data from non-peer-reviewed abstracts, a replacement Express Update should be issued when new peer-reviewed data are available.
- And only minor updates of a CPG are needed
 - e.g. fewer than 10 new or updated recommendations are needed, or fewer than five separate Express Updates have been published.
 - For more extensive changes, or if the previously published CPG is over five years old, a full CPG update should be considered. In that case, however, the process that should be followed is outlined in the ESMO CPG SOPs, available here: <http://www.esmo.org/Guidelines/ESMO-Guidelines-Methodology>.

3 ESMO Express Update authorship

The author panel of the Express Update should consist of two authors only, namely the lead author of the CPG (appears as first author) and the SE (appears as last author). If applicable, the SE can nominate someone else as an author instead of them; however, the maximum limit of five authors may not be exceeded.

Other original CPG co-authors may review the Express Update manuscript before submission, if they wish. Those that do so, will be acknowledged in the Acknowledgement section of the manuscript.

Authorship should reflect the individuals who have made substantial contribution to the writing of the Express Update, as per ICMJE authorship criteria. Other individuals who have provided input but have not substantially contributed to the writing of the Express Update, should be included in the acknowledgements. Authors are considered to be acting on behalf of the ESMO GLC, and this will be stated in the Express Update.

3.1 ESMO author Declaration of Interest

An up-to-date declaration of interest (DOI), including financial values, must be provided by all authors before any contribution to the Express Update is made, even if there is nothing to declare. These DOIs must be provided using the online ESMO DOI platform. For more information, refer to the ESMO DOI policy available here: <https://www.esmo.org/about-esmo/how-we-work/declaration-of-interest>. Per the ESMO DOI policy, each author is responsible for ensuring that their DOIs in the ESMO DOI Platform are true, up to date and complete.

In addition, each author must provide a Disclosure statement to be included in the Disclosures section of the Express Update, even if there is nothing to declare. ESMO will prepare all author Disclosure statements based on each author's DOIs, following the ESMO standardised format. Each author must approve their statement by email prior to manuscript submission.

Please see the Clinical Practice Guideline (CPG) SOP for full guidance on the ESMO DOI policy, available here: <http://www.esmo.org/Guidelines/ESMO-Guidelines-Methodology>.

4 Express Update development

Note: an Express Update template, a supplement template and an algorithm template will be provided. All text, tables and figures should be provided in an editable format.

ESMO journals follow a strict word count policy. The manuscript should not exceed 2 000 words including tables, figure legends and references (only the manuscript heading, acknowledgements, funding and disclosure sections are excluded from the word count). Up to a combined maximum total of four figures and tables may be included. Additional information can be included in the supplementary material. References should not exceed 20 maximum. Authors will be asked to revise the manuscript and/or remove references if these size limits are not respected.

The content must follow the structure outlined in the template provided and should be organised in a similar manner to the original CPG in terms of the treatment-related thematic sections that are being updated. Draft Express Updates that do not follow the template structure will require re-formulation and delays in publication may result. It is important that Express Updates are clinically actionable; therefore, clear recommendations with a Level of Evidence and Grade of Recommendation must be provided, as well as updated treatment algorithms.

The wording of recommendations should follow the same principles as outlined in the ESMO CPG SOPs, available here: <http://www.esmo.org/Guidelines/ESMO-Guidelines-Methodology>. The same applies to the supplementary material, the figures and tables.

Authors are responsible for performing a data check of any numerical data (i.e. survival rates, p-values, hazard ratios, etc.) reported in the manuscript against the source publications and verifying the accuracy of data and other content included in the CPG.

5 Final review and submission

All Express Updates will be submitted for consideration in *ESMO Open*. The same process as for CPGs is to be followed, please see <http://www.esmo.org/Guidelines/ESMO-Guidelines-Methodology>. The original CPG authors will not be asked to review again.

6 Revision and resubmission

The same process as for CPGs is to be followed, please see <http://www.esmo.org/Guidelines/ESMO-Guidelines-Methodology>.

7 Online publication and proof

The same process as for CPGs is to be followed, please see <http://www.esmo.org/Guidelines/ESMO-Guidelines-Methodology>.