

Terms of reference for EACS Guideline members

Background

The EACS Guidelines were first published in print format in 2005; print format was available until 2019. They have also been available as an app for both iOS and Android devices since 2013. Additionally, they have been accessible as a web-based version since 2019. However, as of 2024, they will be no longer available in PDF format. The English version is regularly updated by the Guidelines members with major revisions every other year and minor revisions in between. The Guidelines are typically released in the autumn during the European AIDS Conference or the HIV in Glasgow Conference. They are also translated into various languages.

The aim of the EACS Guidelines is to provide easily accessible and comprehensive recommendations to clinicians involved in the care of people with HIV.

Starting in 2024, the new format of the Guidelines will consist of two parts, each comprising 5 and 9 sections, respectively. Part I: 1-Assessment of initial and subsequent visits, 2-Antiretroviral treatment and prevention, 3-Drug-drug Interactions and other prescribing issues, 4-Treatment and prevention of infectious diseases relevant for HIV management and 5-Paediatric HIV management, postnatal prophylaxis and infant feeding. Part II: 1-Cancer, 2-CV and metabolic complications, 3-Bone complications, 4-Kidney complications, 5-Liver complications, 6-Pulmonary complications, 7-CNS complications, mental health and substance abuse, 8-Ageing, frailty and managing older persons with HIV and 9-Other relevant topics and management of other co-morbidities.

Each section of the Guidelines is managed by a panel of experienced European HIV experts, with additional experts from relevant fields of expertise included as necessary. All recommendations are evidence-based whenever possible and based on expert opinions in the instances where adequate evidence is unavailable. The Guidelines do not provide formal grades of evidence, decisions are made by consensus or by vote when necessary, and the results of the votes or discrepancies if any are not published.

Organisation

The EACS Guidelines panels are overseen by a Guidelines Chair elected by the Governing Board for a three-year term. Operational matters and the updating process of the EACS Guidelines are led by a Guidelines Coordinator, supported by the EACS Secretariat.

Each part (or section) is led by a Part /Section Chair, supported by a Vice-Chair and a Young Scientist. Part I involves three Young Scientists (for sections 2, 4 and 5), and Part II involves two Young Scientists for all sections. The Co-Chair assumes the role of Chair after the Chair's term expires. Membership is reviewed annually, with rotation overseen by the Part/Section Leads and Guidelines Chair following a standard operating procedure (SOP).

The updating process of the Guidelines is performed within a web platform:

<https://eacs-staging.sanfordguide.com/>

All Guidelines members have access to the platform to view updated content, while the Part/Section leads have editing access, with edits centralised by the Young Scientists and overseen by the Guidelines Coordinator. Support for the editing process is provided by members of the web platform (Sanford).

Panel membership

Guidelines members should be appointed to best fulfill the remit of the respective sections, ensuring inclusivity and proper representation of the EACS membership in terms of geographical representation, level of expertise, gender, and community representation.

Each part/section must have the following:

Chair

- Appointed/elected by the members of the Part or Section.
- Preferably should be the previous Part /Section Vice-Chair. If the new chair is a different individual, their appointment would need approval from the Governing Board.
- A tenure of three (3) years.

Vice-Chair

- Appointed/elected by the panel members and approved by the Governing Board.
- A tenure of three (3) years.

Section member

Guidelines membership within a Part/Section is reviewed annually, with rotation overseen by the Part/Section Leads and Guidelines Chair following a standard operating procedure. The SOP outlines the following details: the maximum duration of panel membership is six (6) years. Every two years, a call for Guidelines part / section nominations is conducted to create a pool of new EACS members to join the respective Guidelines sections. The requirement for member nomination includes EACS membership (except for the pediatric section as organised by PENTA) and significant medical expertise in HIV. Additionally, experts in other fields of expertise may be nominated if they represent medical expertise from a different medical area (e.g. a cardiologist, nephrologist, etc. for specific sections of Part II which also do not have to be EACS members). Members for parts/sections are assessed for gender balance and geographic diversity. Generally, there should be no more than three representatives from one country per section, and there should be at least two members from each of the four respective EACS regions in the large Guidelines sections. If possible at least 1/3 should remain for institutional memory.

The call for nominations will be organised by the EACS secretariat. Interested EACS members will be asked to send a short application letter for joining the Guidelines sections. The selection of new candidates for the sections will be conducted via virtual meeting and subsequent voting by a “new members” committee. The “new members” committee should comprise at least 1 GB member from each EACS European region, selected among the GB members, as well as part/section chairs and vice-chairs. The Guidelines Chair chairs the selection committee.

Although there is no specific requested commitment, it is expected that members remain in the Guidelines for a minimum of two years, which includes one major and one minor revision period.

Community Representative

- At least one Community Representative should be in each EACS Guidelines Part /Section, nominated by EATG.
- Maximum duration of membership is six (6) years.

Parts and Sections

Members are selected based on expertise. Each Part revises its respective sections and collaborate with the other Part/Sections as needed. Parts in future editions may also be modified after specific justification and following specific procedures. Large sections (e.g. Antiretroviral Prevention and Treatment) are composed of 20-30 members while shorter sections (e.g. DDI and other prescribing issues, or specific sections within part II) are composed of 5-10 members. Ideally, the total number of members for Part I should not exceed 80-90 members and for Part II, 40 members.

Guidelines member role and tasks

Members provide their expertise to updated topics, reviewing all section content and focusing on topics indicated by the Part/Section Leads. For large sections, working groups may be formed (e.g. COVID-19 within the Opportunistic Infections section), and members may revise specific topics (e.g. a nephrologist invited to be member of the kidney complications section within the comorbidity part). Part/Section Leads, including Chairs and Co-Chairs are selected from among members.

The community representative provides a community opinion on updates, including content, accessibility, language, and the use of person-first language.

Disclosure of conflict of interest: terms of reference

A declaration of interest is required de facto by every individual involved in the EACS guidelines. All declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be disclosed to EACS by each Guidelines member annually. The reporting period is limited to the past 12 months for personal interests and revenues.

Should a conflict of interest arise, the chair of the Guidelines will analyse and determine the nature of the conflict and its direct relationship with the Guidelines. If the chair determines that there is a conflict of interest, the EACS Governing Board will be informed and asked for advice.

The declarations of interest will become available on the EACS website on the Guidelines page.

Guidelines Process

Expected timeline and commitment

- Timeline:
 - January: All sections draft an outline of planned edits to discuss
 - Following CROI conference (mid-March): Section Leads inform of expected updates and set times for internal work within a section
 - Following IAS / AIDS (End of June): Relevant additional updates are discussed internally within the individual sections
 - February to September: Internal part / section meetings (number and interval, decided by the respective Leads)
 - August to September: draft and submission of the HIV Medicine paper highlighting Guidelines changes (only Part / Section Leads, Guidelines Chair and Coordinator and only the years of major revision)

- August to October. Cross-check meetings (only Part / Section Leads) to solve potential conflicting recommendations between sections
- EACS / Glasgow Conference: Release and presentation of the major revision (at EACS) and minor revision (at Glasgow) new versions of Guidelines in the web format, app and online publication of HIV Medicine article (if accepted).

In order to allow the timely production of the Apps (IOS and Android), the final content should be ready in the web version two weeks before the release of the Guidelines.

- Expected commitment:

The number of meetings and duration of meetings are decided by the Part/Section Leads, based on the anticipated volume of changes. In general, a minimum of two or three meetings is necessary between February to September to address the required changes. Additional meetings may be required during years of major revisions (EACS Conference years), where monthly meetings between February and September may be scheduled.

Additionally, cross-check meetings are scheduled by the coordination for the cross-check process, involving only the Part/Section Leads, Guidelines Coordinator and Chair.

Active and participative involvement is expected from all Guidelines members.