


Letter to the Editor about “Nursing Procedures for the Prevention and Treatment of Mucositis Induced by Cancer Therapies: Clinical Practice Guideline Based on an Interdisciplinary Consensus Process and a Systematic Literature Search”

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Dear Editor,

I read and am interested in the study by Steinmann et al¹ which was recently published in the journal. They established recommendations for the nursing management of cancer therapy-induced mucositis.

They did not state which guideline development or adaptation or adoption approaches were used. Guideline developers can: (1) Adopt the extant recommendations, (2) Adapt the extant recommendations to their local context, (3) Develop new recommendations.² Did they apply the modified Delphi technique for achieving consensus?

So far, to the best of my knowledge, no specific guideline for the nursing management of mucositis due to chemotherapy has been published. However, there are related medical clinical practice guidelines (CPGs). The authors tried to develop new recommendations in this area. Therefore, the researchers should have first reviewed the literature and the extant medical CPGs and extracted the recommendations from the literature review, and then presented these recommendations to a panel of experts. Recommendations would be added by the panel participants according to experience, or the existing recommendations would be modified or omitted.

I would like to share our experiences with the audience/colleagues. We have tried to conduct a similar study and have published its methodology.³ I believe its methodology is suitable for conditions in which there is a lack of specific CPGs and/or lack of financial and/or expert resources. We obtained nursing recommendations from three sources including extant medical guidelines, literature reviews, and interviews. Moreover, we addressed patient preferences in our work. In addition to reviewing the literature and collecting recommendations, we interviewed health professionals and other stakeholders (oncologists, nurses, patients, and their family caregivers).

Indeed, we used a mix of three approaches, namely adaptation, adoption, and development. But we did this work in the framework of the ADAPTE Collaboration Network titled “Guideline Adaptation: A Resource Toolkit.”⁴ We integrated the recommendations derived from the qualitative research method and literature review with the stages of the ADAPTE to obtain the final recommendations. We applied a postal questionnaire in the first round and launched an expert panel meeting in the second round and these recommendations were presented to the panel of experts and were modified or removed, or additional recommendations were added based on the consensus of the panelists.

At last, the panelists commented on each recommendation as an expert group and adopted 1 of 4 approaches: (1) The recommendation was rejected, (2) The recommendation was adopted without modification, (3) The recommendation adapted with modification, (4) A new recommendation was developed, and the final recommendations were added to the CPG by consensus.² We consider our work an innovative approach, and the work under discussion may also be innovative.

Declaration of Conflicting Interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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