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# ADOLOPMENT OF CLINICAL PRACTICE GUIDELINES IN TUNISIA WITH GRADE METHODOLOGY: SCREENING BREAST CANCER

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### Background

Guidelines are systematically developed evidence-based statements which assist healthcare professionals and other stakeholders to make informed decisions about appropriate health interventions. It was agreed that adaptation methodology of CPGs is an alternative to de NOVO elaboration, saving time, money and human resources. The adaptation of clinical practice guidelines is expected to improve their uptake and implementation, when compared with guideline adoption.

### Objectives

The objective of this work is to describe the process used for the adaptation from the European Commission Initiative on Breast Cancer (ECIBC) to the Tunisian context and to provide health care professionals and policy makers with clear and objective guidance on breast cancer screening and diagnosis services to enable them to take informed decisions.

### Results

The Tunisian guideline panel considered six screening questions over nine from the European Guidelines on Breast Cancer Screening and Diagnosis.

Panel decision:

- Three questions on tomosynthesis screening were dropped, it is not used in Tunisia as a screening tool.
- The guideline perspective was changed from mass to individual screening due to Tunisian resources and considering local data, equity, preferences and cost effectiveness.
- For all questions, the same outcomes as the European guideline were prioritized;
- The rating of importance of two outcomes: (1) "all-cause mortality": from "not important" to "important"; (2) "overdiagnosis": from "critical" to "important" was changed.

Despite the lack of data from the Tunisian context, the panelists assumed a lower incidence of breast cancer but a higher risk of breast cancer mortality compared to Europe. The panel did not modify the overall certainty of the evidence for any recommendation.

The strength of one recommendation from "conditional against" to "conditional for either" was modified mainly due to very low certainty of the evidence, large costs and unclear cost-effectiveness.

### Conclusion

CPGs development has become a priority in Tunisia and great efforts have been devoted to its development and implementation. The MOH is planning a breast cancer screening program targeting 500 000 women based the CPG developed by INEAS and the collaboration of ECIBC. The Tunisian guideline will be published on the INEAS website [www.ineas.tn](http://www.ineas.tn)