**Guidelines Committee Checklist**Initial proposal for an ESTRO guideline

**1. Title of the Guideline**

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| --- |
| Click or tap here to enter text. |

**2. Name of the Guidelines Committee Sub-Group proposing the guidelines**

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| Click or tap here to enter text. |

**3. Rationale of the Guideline**

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| --- |
| Click or tap here to enter text. |

**4. Are there any parallel or overlapping guideline activities in Europe or internationally?**

|  |  |
| --- | --- |
| Yes  If yes, please specify: | Click or tap here to enter text. |
| No |  |

**5. Has similar guideline activity been stopped or rejected previously?**

|  |  |
| --- | --- |
| Yes  If yes, please specify: | Click or tap here to enter text. |
| No |  |

**6. Is it appropriate to include other international or European societies?**

|  |  |
| --- | --- |
| Yes  If yes, please specify: | Click or tap here to enter text. |
| No |  |

**7. Who are the proposed members of the Writing Panel? Who is the Writing Panel chair?**

For each Writing Panel member, specify field of expertise, relevant publications, participation in related study groups, clinical trial groups, other scientific panels, or similar activities.

For each Writing Panel member, please submit a completed COI form (see appendix B).

The Guidelines Committee strongly suggests including early career professional on the Writing Panel. Upon publication, the Guidelines Committee recommends including an addendum with the role of- and the specified expertise provided by every author in the drafting of the guideline.

Writing Panel Chair(s):

|  |  |
| --- | --- |
| **Member name** | **Expertise, publication & relevant activities** |
| Click or tap here to enter text. | Click or tap here to enter text.  (To add additional panel member, please press the small + sign appearing to the right of the tables when filling in a line) |

Writing Panel members:  
 For each Writing Panel member, please submit a completed COI form (see appendix B).

|  |  |
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| **Member name** | **Expertise, publication & relevant activities** |
| Click or tap here to enter text. | Click or tap here to enter text. (To add additional panel member, please press the small + sign appearing to the right of the tables when filling in a line) |

**8. Who are the proposed members of the Reviewing Panel?** For each Writing Panel member, please submit a completed COI form (see appendix B).

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| **Member name** | **Expertise, publication & relevant activities** |
| Click or tap here to enter text. | Click or tap here to enter text. (To add additional panel member, please press the small + sign appearing to the right of the tables when filling in a line) |

**9. Please outline the timeframe of guideline development from checklist to manusscript submission.**

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| Click or tap here to enter text. |

**10. How often should the guideline be updated?**

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| Click or tap here to enter text. |

**11. How will the writing committee react in case of paradigm changing new data appearing after the publication of the guideline?**

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| --- |
| Click or tap here to enter text. |

**12. Foreseen budget.**  
 Reccommendations:  
 The Guideline Committee prefers Writing Panel teleconferences.  
 Funding for meetings will be granted solely for complex guidelines, where justified.  
 If meeting is needed, it is preferred that they take place at the annual congresses.  
 If meeting is needed in a different time schedule, it is preferred that they take place at the ESTRO office.

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| Click or tap here to enter text. |

**13. Do you wish this guideline to be considered for publication in Radiotherapy & Oncology, or ESTRO's Open Access journals (ctRO, phiRO, tipsRO)?**

Radiotherapy and Oncology   
ctRO   
phiRO   
tipsRO

**14. Please check this bock to confirm that you have read the Guidelines Committee SOP**