SIOG Clinical Practice Guideline Policy

International Society of Geriatric Oncology. Science and Education Committee.

1. Purpose

The International Society of Geriatric Oncology (SIOG) develops clinical practice guidelines to improve the care of older adults with cancer worldwide. These guidelines provide evidence-based recommendations that integrate oncologic evidence with geriatric domains such as functional status, multimorbidity, cognition, frailty, and patient preferences.

Because older adults remain underrepresented in many cancer clinical trials, SIOG guidelines synthesize evidence-informed recommendations supplemented by structured expert consensus when evidence is limited.

SIOG guidelines aim to:

- improve clinical outcomes and quality of life for older adults with cancer;
- promote geriatric assessment and individualized care;
- support clinicians across diverse healthcare systems;
- identify research gaps and priorities in geriatric oncology.

This policy establishes the standards governing guideline development, review, publication, and updating.

2. Scope and Types of SIOG Guidance

SIOG develops several types of guidance documents intended to support the care of older adults with cancer. These documents may vary in characteristics depending on the clinical question, the availability of evidence, and the urgency of guiding clinicians. All guidance documents should address issues relevant to the management of older adults with cancer and should incorporate geriatric considerations whenever possible. When robust evidence exists, recommendations should rely on systematic evidence synthesis and formal evidence grading. When evidence is limited, recommendations should rely on transparent and structured consensus methods.

SIOG will publish three primary types of guidance documents:

2.1 Clinical Practice Guidelines

Clinical Practice Guidelines represent the most comprehensive form of SIOG guidance. These documents provide evidence-based recommendations intended to support clinical decision-making in specific areas of geriatric oncology.

Full Clinical Practice Guidelines are developed using a structured methodological process that includes:

- Systematic review of the literature;
- Evidence assessment using the GRADE methodology;
- A structured evidence-to-decision framework;
- Multidisciplinary expert panel deliberation;
- External peer review.

These guidelines aim to integrate oncologic evidence with considerations particularly relevant to older adults, including functional status, comorbidity, treatment tolerance, and quality of life.

Only documents meeting these methodological standards will be designated as SIOG Clinical Practice Guidelines.

2.2 Clinical Practice Statements

Clinical Practice Statements provide focused guidance on narrower clinical questions or emerging topics in geriatric oncology. Although narrower in scope than full Clinical Practice Guidelines, these documents should still include structured evidence review and transparent methods for recommendation development. Clinical Practice Statements should include evidence synthesis and formal evaluation of evidence quality.

Clinical Practice Statements are typically used when guidance is needed on specific aspects of care, when the available evidence base is limited, or when rapid dissemination of expert guidance is considered valuable.

2.3 Consensus Statements

Consensus Statements are developed when the available evidence is limited or heterogeneous, but clinical guidance is still needed. These documents rely on structured expert consensus methods to provide recommendations or guidance.

Consensus Statements may use formal consensus approaches, such as modified Delphi processes or structured panel discussions, to achieve agreement among experts. The methods used to generate consensus should be clearly described in the final document.

3. Governance and Oversight

Oversight of SIOG guideline development is provided by the **Science and Education Committee**, which functions as the primary governing body for guideline activities.

Responsibilities include:

- Approving guideline topics;
- Appointing and/or approving guideline chairs;
- Ensuring methodological rigor;
- Overseeing conflict of interest management;
- Coordinating external review;
- Recommending final approval to the SIOG Board.

At least one methodologist with relevant expertise in evidence synthesis and guideline methodology should participate in full Clinical Practice Guidelines.

Final approval of all SIOG clinical practice guidelines is granted by the **SIOG Science and Education Committee** and the **Publications Committee**.

4. Topic Selection and Prioritization

Guideline topics may be proposed by:

- SIOG members;
- SIOG working groups;
- Science and Education Committee;
- SIOG Board.

Prioritization criteria include:

- Disease burden in older adults;
- Variation in clinical practice;
- Potential to improve outcomes;
- Availability of evidence;
- Feasibility across healthcare systems;
- Global relevance, including LMIC settings;
- Overlap with guidelines from other organizations.

Periodic **portfolio reviews and gap analyses** will inform topic prioritization.

5. Guideline Development Workflow

SIOG clinical practice guidelines follow a structured and transparent development process designed to ensure methodological rigor, multidisciplinary input, and relevance to the care of older adults with cancer. The workflow outlined below defines the standard sequence of activities from topic identification through publication and updating. Guideline panels should establish anticipated timelines and major milestones at project initiation. Whenever feasible, development of SIOG guidance documents should aim for completion within 12–18 months.

Topic proposal
Guideline topics may be proposed by SIOG members, SIOG study groups, the Science and Education Committee, or the SIOG Board. Proposals should include a description of the clinical problem, the target population, the proposed scope of the guideline, and the potential impact on patient care. Proposals are submitted to the Science and Education Committee for consideration.

1. Structured rapid narrative review
   Once a topic is proposed, a preliminary review is conducted to determine the feasibility, scope, and potential impact of the guideline. This rapid review aims to assess the availability of evidence, identify existing guidance from other organizations, and clarify the potential clinical questions to be addressed. It should consist of a targeted review of the literature and should be designed to provide sufficient information for the Science and Education Committee to determine whether guideline development is justified and which type of SIOG guidance document is most appropriate.

   The rapid narrative review should typically include:

   • A targeted search of a key database (for example, PubMed) to identify relevant studies, systematic reviews, and existing guidelines;
   • Identification of existing recommendations or guidelines from other professional societies;
   • A preliminary assessment of the quantity and quality of available evidence;
   • Identification of major evidence gaps related to older adults with cancer;
   • Initial definition of the potential scope of the guideline and possible PICO questions;
   • Consideration of the relevance of the topic across different healthcare systems and geographic regions.

   The review should be summarized in a brief written report submitted to the Science and Education Committee (Appendix 1). This report should typically be between one and three pages in length. The purpose of this report is to inform the committee's decision

regarding whether the topic should proceed with the development of a Clinical Practice Guideline, a Clinical Practice Statement, or a Consensus Statement.

2. Proposal of guideline panel
   The individuals proposing the guideline will also propose a multidisciplinary guideline panel. Panels should include relevant clinical experts, geriatric oncology expertise, and, when appropriate, specialists in methodology, statistics, allied health, and supportive care. Representation from low- and middle-income settings should be secured whenever feasible. Efforts to ensure geographic diversity should be documented when these goals cannot be fully achieved.

3. Panel review and conflict of interest assessment
   The Science and Education Committee reviews the preliminary scoping review and proposed panel composition and may suggest modifications or additions to ensure appropriate expertise, multidisciplinary representation, and geographic diversity. All proposed panel members must complete conflict-of-interest disclosures before participating in guideline development (Appendix 2). The committee evaluates disclosures and determines whether conflicts require management strategies such as recusal from specific discussions or voting.

4. Definition of PICO questions
   For clinical practice guidelines and statements, the panel defines the scope of the guideline and formulates structured clinical questions using the PICO framework (Population, Intervention, Comparator, Outcomes). Outcomes should include both traditional oncologic endpoints and outcomes particularly relevant to older adults, such as functional decline, treatment toxicity, quality of life, independence, and symptom burden.

5. Systematic review
   For clinical practice guidelines and statements, a systematic review of the literature is conducted to address each PICO question. This process includes comprehensive database searches, predefined eligibility criteria, dual screening of studies, standardized data extraction, and formal risk-of-bias assessment using validated tools appropriate for randomized and observational studies. When appropriate, existing high-quality systematic reviews may be adapted or updated. Systematic review reporting should follow PRISMA standards.

6. Evidence grading using GRADE
   For clinical practice guidelines and statements, the certainty of evidence for each

critical outcome is evaluated using the GRADE framework.
Evidence profiles summarize the quality and limitations of the available evidence and support transparent interpretation of the findings.

7. Recommendation development
   Recommendations are formulated using a structured evidence-to-decision process informed by the GRADE framework (Appendix 3). Panel discussions consider the balance of benefits and harms, certainty of evidence, patient values and preferences, equity considerations, resource use, and feasibility of implementation. Recommendations are categorized as strong or conditional. In areas where evidence is limited, consensus-based recommendations may be issued. Guideline reporting should follow established standards such as the AGREE II or RIGHT reporting frameworks (Appendix 4).

8. External peer review
   Draft guidelines undergo independent external peer review by experts who were not involved in guideline development. External reviewers provide feedback on methodology, interpretation of evidence, clarity of recommendations, and clinical applicability.

9. Committee review
   Following revision based on external feedback, the guideline is reviewed by the SIOG Science and Education Committee to ensure adherence to methodological standards and alignment with SIOG priorities.

10. Publication and dissemination
    Guidelines should be approved for publication by the SIOG Publications Committee. Guidelines should be published in peer-reviewed journals and disseminated through SIOG educational platforms. Full clinical practice guidelines should be published in the Journal of Geriatric Oncology whenever possible. If the primary publication occurs in another journal, a summary or adapted version should be published in the Journal of Geriatric Oncology to ensure accessibility to the SIOG community.

11. Ongoing evidence monitoring
    Following publication, guideline panels or designated SIOG groups monitor emerging evidence related to the guideline topic. When new evidence becomes available that may affect recommendations, SIOG may initiate a focused update or full revision of the guideline.

Table 1. SIOG Guideline Development Workflow Responsibilities.
Activities with a * apply only to Clinical Practice Guidelines and Statements.

Step	Activity	Responsible Body	Key Output
1	Topic proposal	SIOG members, working groups, or proposing authors	Guideline proposal document
2	Structured rapid narrative review	Proposing authors, with input from methods experts if needed	Report outlining feasibility and scope
3	Proposal of guideline panel	Proposing authors	Proposed multidisciplinary panel
4	Committee review and conflict of interest assessment	Science and Education Committee	Approved topic, panel and COI management plan. Type of guidance document defined.
5	Definition of PICO questions*	Guideline panel	Finalized clinical questions and outcomes
6	Systematic review*	Guideline panel with methodological support	Evidence tables and risk of bias assessments
7	Evidence grading using GRADE*	Guideline panel with methods experts	GRADE evidence profiles
8	Recommendation development*	Guideline panel	Draft recommendations and evidence-to-decision summaries
9	Committee review	Science and Education Committee	Methodological validation and final revisions
10	External peer review	Independent reviewers	Reviewer comments and suggested revisions
11	Publication and dissemination	Guideline panel, Publications Committee, SIOG leadership	Peer-reviewed publication and implementation materials

6. Guideline Panel Composition

Each guideline will be developed by a **multidisciplinary international panel**.

Panels should include expertise in:

- Medical oncology;
- Radiation oncology;
- Surgical oncology;
- Geriatrics;
- Nursing;
- Pharmacy;
- Palliative care;
- Biostatistics and methodology (ideally from SIOG Methods Group).

Panels must also include:

- At least one **patient or caregiver representative;**
- Representation from **multiple geographic regions;**
- Representation from **low- and middle-income settings when possible.**

7. Conflict of Interest Management

SIOG applies conflict of interest (COI) standards consistent with the principles outlined by the National Academy of Medicine and commonly adopted by international guideline organizations. The goal of these policies is to ensure that clinical practice guidelines are developed through a transparent process that minimizes the influence of financial or intellectual conflicts.

All individuals participating in guideline development must disclose any relationships that could reasonably be perceived as influencing their contributions to the guideline. Disclosures must include financial relationships, advisory roles, research funding, intellectual property interests, and other professional relationships related to the guideline topic. Appendix 2 includes a template COI declaration.

The following principles govern COI management in SIOG guideline development.

- All panel members must complete a standardized conflict of interest disclosure form before participation in the guideline process;

- Guideline chairs and co-chairs must be free of relevant financial conflicts of interest related to the guideline topic;

• A majority of guideline panel members must be free of relevant financial conflicts;

• Panel members with relevant conflicts may participate in evidence discussions but may be restricted from voting on recommendations directly related to the conflict;

• Individuals with major conflicts may be excluded from participation in specific sections of the guideline or from leadership roles;

• Conflict disclosures will be reviewed by the Science and Education Committee before initiation of guideline development;

• Conflict disclosures for all panel members will be reported in the final guideline publication;

Conflicts of interest will be updated periodically during the guideline development process to ensure that any new relationships are disclosed and appropriately managed.

8. Clinical Questions and Outcomes

Outcomes evaluated in SIOG guidelines should include both traditional oncologic outcomes and outcomes particularly relevant to older adults with cancer. Guideline panels should aim to incorporate geriatric-specific outcomes whenever possible to reflect the multidimensional impact of cancer and its treatment in older patients. SIOG recognizes that the available literature may not always provide sufficient data to evaluate all geriatric outcomes, but panels should assess and report these outcomes whenever evidence is available.

Examples of geriatric-relevant outcomes that may be considered include:

- Functional decline;
- Frailty or changes in frailty status;
- Treatment-related toxicity;
- Quality of life;
- Hospitalization or emergency care utilization;
- Treatment completion or dose intensity;
- Caregiver burden;
- Cognitive outcomes;
- Falls;
- Independence in Activities of Daily Living.

The selection of outcomes should be guided by their clinical relevance to older adults, their importance for decision making, and the availability of evidence within the literature. When evidence for important geriatric-specific outcomes is unavailable, guideline panels should explicitly acknowledge these gaps and identify them as future research priorities.

9. Evidence Review

Systematic reviews supporting SIOG clinical practice guidelines should be conducted according to accepted methodological standards. Whenever possible, the systematic review should be led or supervised by a specialized methodologist with expertise in evidence synthesis. Ideally, this methodologist should be a member of, or recommended by, the SIOG Methods Group to ensure methodological consistency across SIOG guidelines.

Systematic reviews will follow established methodological practices according to the PRISMA methodology, including:

- Comprehensive literature searches across relevant databases;
- Predefined eligibility criteria;
- Dual independent screening and data extraction;
- Formal risk-of-bias assessment using appropriate tools.

The certainty of evidence for each outcome will be evaluated using the GRADE methodology (Appendix 2).

Where appropriate, SIOG may adapt or update existing high-quality systematic reviews rather than conducting a new review, provided that the methods are transparent and consistent with accepted standards.

10. Recommendation Development

This section applies to SIOG documents designated as Clinical Practice Guidelines or Clinical Practice Statements. For these documents, SIOG will preferentially use the GRADE framework to support the formulation of recommendations (Appendix 3).

Recommendations will be developed using the GRADE evidence-to-decision framework. This structured process supports transparent and systematic evaluation of the evidence and facilitates the formulation of recommendations that consider both clinical evidence

and broader contextual factors. Guideline reporting should follow established standards such as the AGREE II or RIGHT reporting frameworks (Appendix 4).

Factors considered during recommendation development include:

- Benefits and harms of the intervention;
- Certainty of the available evidence;
- Patient values and preferences;
- Resource use and cost considerations;
- Equity and access to care;
- Feasibility of implementation across healthcare settings;

Based on this process, recommendations will typically be categorized as:

- Strong recommendation
- Conditional recommendation

In situations where high-quality evidence is not available but guidance is still needed, the panel may issue consensus recommendations based on expert agreement. The rationale and limitations of such recommendations should be clearly documented.

Other SIOG guidance documents, such as consensus statements, are not required to use the GRADE methodology, although elements of structured evidence evaluation may still be incorporated when appropriate.

11. External Review and Approval

Once a draft guideline has been completed by the guideline panel, the document will be submitted to the SIOG Science and Education Committee for review. One member of the committee will be designated as the primary reviewer and will provide detailed feedback to the committee. This review process will generally take place on a rolling basis through electronic communication.

After incorporation of feedback from the Science and Education Committee, the guideline will undergo independent external peer review. External reviewers should be experts in the relevant clinical or methodological fields who were not involved in the development of the guideline.

For documents designated as SIOG Clinical Practice Guidelines, the revised draft will also be shared with the SIOG membership to allow for open comments when appropriate. Feedback received during this process will be reviewed by the guideline panel and the Science and Education Committee.

Following completion of these review steps and incorporation of necessary revisions, the final document will be submitted to the SIOG Publications Committee for approval before submission of the guideline for journal publication.

12. Dissemination and Implementation

SIOG clinical practice guidelines should preferably be published in the Journal of Geriatric Oncology, the official journal of the International Society of Geriatric Oncology. Publication in the Journal of Geriatric Oncology ensures visibility within the geriatric oncology community and facilitates dissemination through SIOG educational channels.

In some cases, guidelines may be published in other specialty journals when this is considered appropriate to reach a specific clinical audience or to maximize dissemination within a particular field. In these situations, the guideline authors should also prepare a summary of the guideline and its most relevant recommendations for publication in the Journal of Geriatric Oncology. This summary publication should be discussed with the primary publishing journal before submission to ensure that the proposed approach complies with the journal's policies regarding secondary publication.

SIOG will not provide funding for open access fees or submission fees associated with publication in journals other than the Journal of Geriatric Oncology.

Beyond journal publication, SIOG will promote the dissemination and implementation of guidelines through a variety of educational and clinical tools. These materials may include:

- Clinical algorithms and decision-support tools.
- Geriatric assessment tools or implementation guides.
- Patient-facing summaries and educational materials.
- Presentations at SIOG and partner conferences.
- Educational webinars and online learning activities.

When appropriate, guideline panels may also develop resource-stratified recommendations to facilitate implementation of guidance across healthcare systems with varying levels of resources.

APPENDIX 1. Template for the Structured Rapid Narrative Review

The structured rapid narrative review is intended to provide the Science and Education Committee with a concise overview of the feasibility, relevance, and scope of a proposed SIOG guidance document. This review should typically be between one and three pages in length.

Recommended format

1. Proposed Topic
   State the proposed title or topic of the guideline, clinical practice statement, or consensus statement.

2. Clinical Rationale
   Briefly describe the clinical problem and explain why guidance is needed in this area. This section should highlight the relevance of the topic to older adults with cancer.

3. Relevance to Geriatric Oncology
   Summarize the specific issues that make this topic important in older adults, such as frailty, functional decline, toxicity, multimorbidity, polypharmacy, quality of life, or caregiver burden.

4. Search Approach
   Describe the rapid review methods used. This should include:
   • Database searched, for example, PubMed;
   • Dates searched;
   • Key search terms or concepts used;
   • Any limits applied, such as language, dates, or article types.

5. Summary of Available Evidence
   Provide a brief narrative summary of the available evidence. This section should include:
   • Approximate number and type of relevant studies identified;
   • Presence of systematic reviews or meta-analyses;
   • Presence of studies specifically including older adults;
   • General impression of the maturity and quality of the evidence base.

6. Existing Guidelines or Recommendations
   Summarize whether relevant guidance already exists from other organizations, such as ASCO, ESMO, NCCN, MASCC, or others. Indicate whether these existing guidelines adequately address the needs of older adults with cancer.

7. Major Evidence Gaps
   Identify the main limitations in the literature, particularly gaps related to older adults, frailty, functional outcomes, toxicity, or implementation in diverse healthcare settings.

8. Preliminary Scope and Potential Clinical Questions
   Briefly describe the likely scope of the SIOG document and provide examples of potential clinical questions or PICO questions that could be addressed.

9. Proposed Type of SIOG Guidance
   Indicate which type of document is recommended:
   • Clinical Practice Guideline;
   • Clinical Practice Statement;
   • Consensus Statement.

10. Proposed Panel
    Provide the names and disciplines of the proposed panel members, including any proposed chair or co-chairs and, when possible, patient or caregiver representation and methods support.

11. Summary Recommendation to the Science and Education Committee
    Conclude with a brief statement indicating whether the topic appears suitable for development by SIOG and why.

APPENDIX 2

SIOG Guideline Conflict of Interest Disclosure Form

All guideline panel members must complete the following disclosure before participation.

Name
Institution
Role in guideline panel

1. Financial relationships (past 36 months)

Consulting or advisory roles
Speaker bureaus
Research funding
Stock ownership or equity interests
Patents or intellectual property

For each relationship, please report:

Company or organization
Type of relationship
Time period
Relevance to guideline topic

2. Non-financial relationships

Leadership roles in professional societies
Editorial positions
Advocacy activities
Public statements related to the guideline topic

3. Intellectual conflicts

Participation in key trials
Authorship of major studies relevant to the guideline
Prior public positions on the guideline topic

4. Certification

I certify that the information above is complete and accurate to the best of my knowledge.

Signature
Date

APPENDIX 3. Summary of the GRADE Framework for SIOG Clinical Practice Guidelines

SIOG Clinical Practice Guidelines will preferentially use the GRADE (Grading of Recommendations Assessment, Development and Evaluation) framework to evaluate the certainty of evidence and formulate recommendations. The GRADE approach provides a transparent and systematic method for assessing evidence and developing clinical recommendations.

GRADE distinguishes between two key components: the certainty of evidence and the strength of recommendations.

Certainty of Evidence

The certainty of evidence reflects the degree of confidence that the estimated effect of an intervention is correct. Evidence is categorized into four levels.

Certainty Level	Definition
High	The panel is very confident that the true effect lies close to the estimate of the effect.
Moderate	The panel is moderately confident in the effect estimate, but the true effect may be substantially different.
Low	Confidence in the effect estimate is limited and the true effect may be substantially different.
Very Low	The true effect is likely to be substantially different from the estimated effect.

Certainty of evidence may be downgraded due to limitations such as risk of bias, inconsistency, indirectness, imprecision, or publication bias.

Strength of Recommendations

The strength of a recommendation reflects the degree of confidence that the benefits of an intervention outweigh its harms.

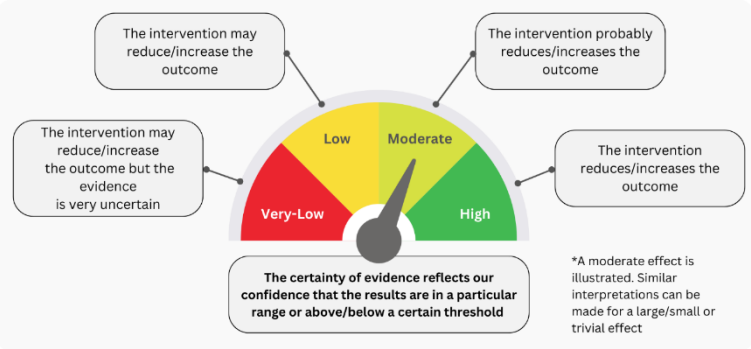
Recommendation Strength	Interpretation
Strong Recommendation	The panel is confident that the benefits of the intervention outweigh the risks for most patients.

Conditional Recommendation	The balance between benefits and harms may vary depending on patient preferences, clinical context, or available resources.

Factors Considered in Recommendation Development

When formulating recommendations, guideline panels consider multiple domains within the evidence-to-decision framework, including:

- Benefits and harms of the intervention
- Certainty of the evidence
- Patient values and preferences
- Resource use and cost implications
- Equity and impact on health disparities
- Feasibility of implementation



Use of Consensus Recommendations

In situations where evidence is insufficient or absent, guideline panels may issue consensus recommendations based on expert agreement. These recommendations should be clearly identified as consensus-based and accompanied by an explanation of the rationale and limitations of the available evidence.

Application to SIOG Guidelines

The GRADE framework will be applied primarily to documents designated as SIOG Clinical Practice Guidelines and Statements. Other forms of SIOG guidance, such as consensus statements, may use alternative approaches to summarizing evidence and developing recommendations.

APPENDIX 4. Alignment with the AGREE II Framework

SIOG Clinical Practice Guidelines are developed in alignment with internationally recognized standards for guideline development. In addition to using the GRADE framework for evidence assessment and recommendation development, SIOG guidelines aim to follow the principles outlined in the AGREE II (Appraisal of Guidelines for Research and Evaluation) instrument.

The AGREE II framework provides a structured approach for ensuring transparency, methodological rigor, and stakeholder engagement in the development of clinical practice guidelines.

The framework includes six domains that evaluate the quality of guideline development.

Domain 1. Scope and Purpose
This domain addresses the overall objectives of the guideline, the clinical questions being addressed, and the target population.

Application within SIOG policy:
These elements are addressed in:

- Section 1. Purpose
- Section 2. Scope and Types of SIOG Guidance
- Section 8. Clinical Questions and Outcomes

These sections define the goals of SIOG guidelines and emphasize their relevance to older adults with cancer.

Domain 2. Stakeholder Involvement
This domain ensures that the guideline development process includes appropriate professional groups and reflects the perspectives of intended users and patients.

Application within SIOG policy:

- Section 6. Guideline Panel Composition

SIOG requires multidisciplinary panels that include oncology specialists, geriatric expertise, methodological experts, and patient or caregiver representatives. Representation from diverse geographic regions and healthcare systems is also encouraged.

Domain 3. Rigor of Development
This domain evaluates the methodological rigor used to gather and synthesize evidence and to formulate recommendations.

Application within SIOG policy:

- Section 5. Guideline Development Workflow
- Section 9. Evidence Review
- Section 10. Recommendation Development

These sections describe systematic review procedures, use of the GRADE framework, and structured evidence-to-decision processes.

Domain 4. Clarity of Presentation
This domain assesses whether recommendations are clearly described and easily identifiable.

Application within SIOG policy:

- Section 10. Recommendation Development
- Appendix 2. Summary of the GRADE Framework

The use of structured recommendation categories and evidence summaries supports clarity and consistency in guideline recommendations.

Domain 5. Applicability
This domain addresses the practical implementation of guideline recommendations, including potential barriers, resource considerations, and tools to support implementation.

Application within SIOG policy:

- Section 12. Dissemination and Implementation

SIOG promotes guideline uptake through educational activities, clinical algorithms, geriatric assessment tools, and patient-oriented materials. Resource-stratified recommendations may also be developed to support implementation across diverse healthcare systems.

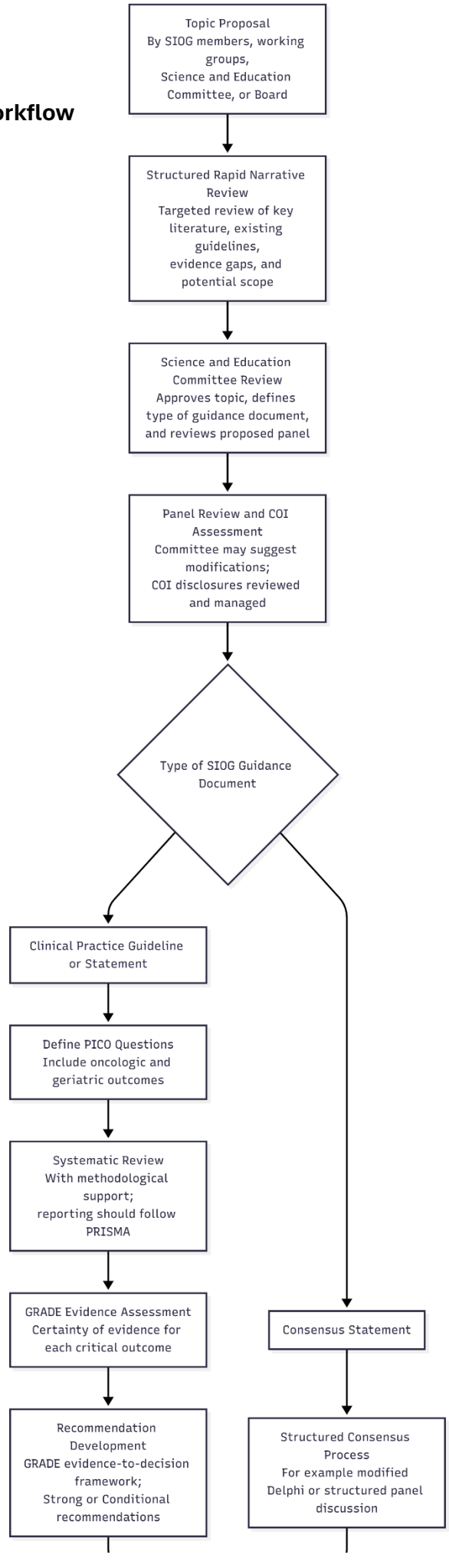
Domain 6. Editorial Independence
This domain ensures that guideline recommendations are independent from external influence and that conflicts of interest are appropriately managed.

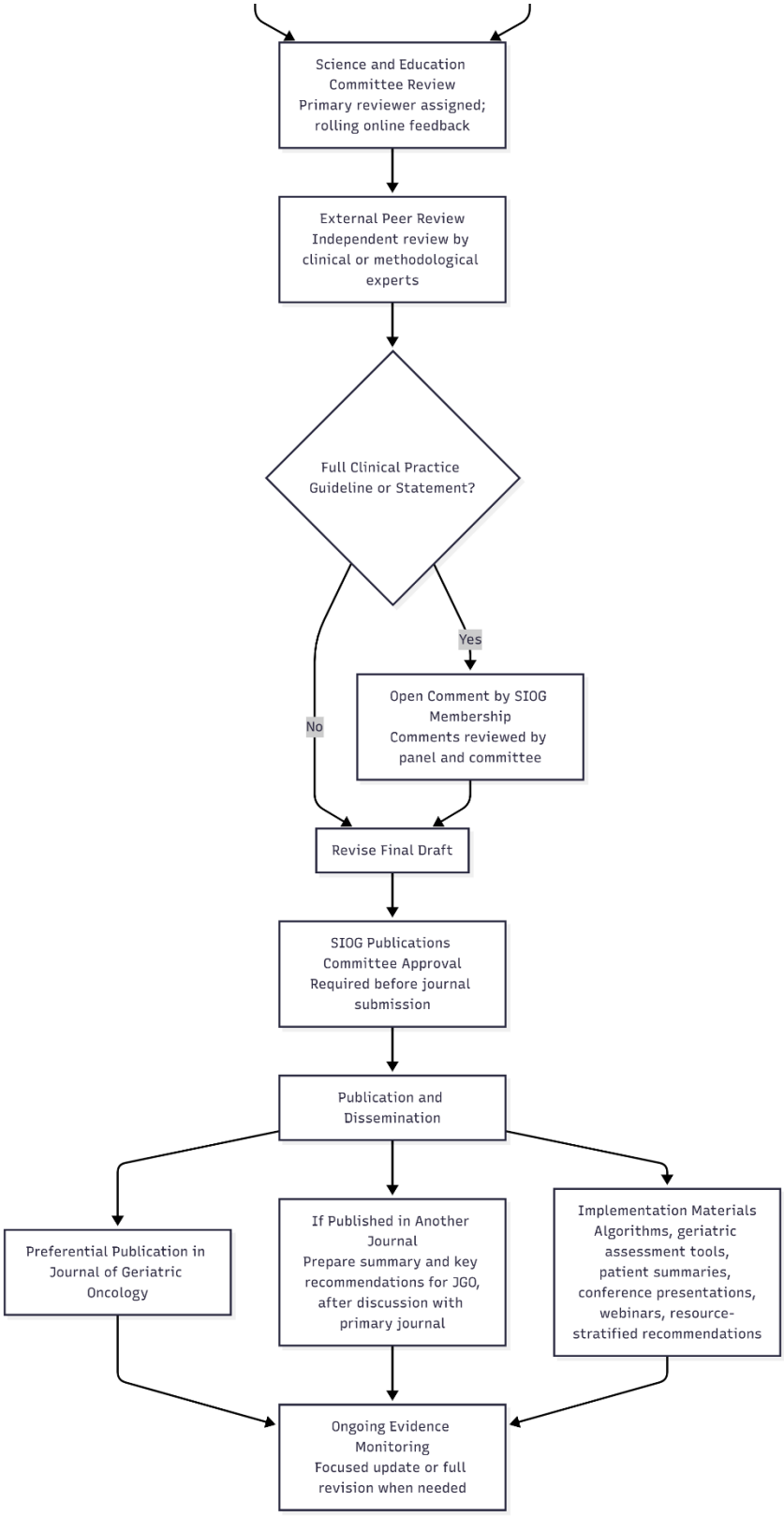
Application within SIOG policy:

- Section 7. Conflict of Interest Management
- Appendix 1. Conflict of Interest Disclosure Form

These sections establish clear requirements for disclosure, management, and reporting of conflicts of interest among guideline panel members.

Figure 1. SIOG Guideline Workflow




Science and Education Committee Review
Primary reviewer assigned; rolling online feedback
External Peer Review
Independent review by clinical or methodological experts
Full Clinical Practice Guideline or Statement?
Yes
No
Open Comment by SIOG Membership
Comments reviewed by panel and committee
Revise Final Draft
SIOG Publications Committee Approval
Required before journal submission
Publication and Dissemination
Preferential Publication in Journal of Geriatric Oncology
If Published in Another Journal
Prepare summary and key recommendations for JGO, after discussion with primary journal
Implementation Materials
Algorithms, geriatric assessment tools, patient summaries, conference presentations, webinars, resource-stratified recommendations
Ongoing Evidence Monitoring
Focused update or full revision when needed