Policy for Revising an Approved CARRA Consensus Treatment Plan (CTP)

It is the intent that CTPs be revised as new information emerges. Revisions may include the addition of new “arms”, retiring “arms”, modification of “arms” or retiring an entire CTP.

Determination of Need for Change
Every 3 years the project team will perform a review to determine if revisions are needed. The review process can be initiated off cycle if circumstances warrant. The review process will include the following:

- Review use of arms in CARRA registry
- Review survey data if available
- Review new relevant literature
- Decide if revisions are needed.
- Apply “Timestamp” with review date, even if no changes will be made
- Submit to the CTP Advisory Committee for review

Final approval
If changes are made, final CARRA-wide buy-in will be secured as per initial CTP development process. The modified CTP will be distributed to the entire CARRA membership by survey to ensure dissemination and to solicit preferences for the different CTP options. The survey should remain open until an 80% response rate is met. Final agreement is achieved if at least 75% of the respondents indicate willingness to use at least one of the CTPs described.

Dissemination
The goal of the CTPs is to reduce treatment variability in practice, and thus it is important for the revised CTP to be in the public domain. For minor modifications, a commentary or letter in the journal where initially published would be preferable. For major modifications, peer review publication would be preferable. We also encourage leveraging non-peer review modalities such as the CARRA website, Medscape, etc.

Responsible Group
Review of CTPs will be the responsibility of the Committee chairs for the corresponding SC research committee. All CTPs will be assigned to a committee. If original CTP authors are interested in overseeing the process they will lead. If not, the committee chairs will assemble a team. A CTP Advisory Committee member will be assigned to participate in the review.