### CLINICAL PRACTICE GUIDELINE (CPG)

**DEFINITION**
Strong, Moderate, or Conditional Recommendations based on available scientific evidence with consideration for balance of risks/benefits; further information provided in the form of Clinical Principle or Expert Opinion statements where gaps in the evidence exist.

**LEVEL OF EVIDENCE**
Systematic reviews; RCTs supplemented with lower level evidence and expert consensus when available high-quality evidence is lacking.

**COMPOSITION OF DEVELOPMENT GROUP**
Multidisciplinary subject matter experts, including patients/patient advocates, as appropriate.

**EXTERNAL REVIEW**
Extensive review process to include all stakeholders, relevant approval bodies (PGC, S&Q, BOD), and public comment.

**REVIEW CYCLE**
24-36 months or on an ad hoc basis as determined by the PGC.

**DOCUMENT SUNSETTING**
10 years or as determined by the PGC.

**EXAMPLE DOCUMENT**
Advanced Prostate Cancer

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### QUALITY IMPROVEMENT ISSUE BRIEF (QIIB)

**DEFINITION**
Qualitative assessments on quality or patient safety topics in Urology—these may provide a brief explanation of an available technology; summarize an AUA-sponsored conference, congress, symposium, or other meeting; discuss case studies in QI; and/or discuss a particular theoretical or practical approach in quality, safety, and/or measurement.

**LEVEL OF EVIDENCE**
Expert opinion supported by available literature.

**COMPOSITION OF DEVELOPMENT GROUP**
Subject matter experts in the topic area.

**EXTERNAL REVIEW**
Review by relevant stakeholders and approval bodies (QIPS, S&Q, BOD), and public comment (except meeting summaries).

**REVIEW CYCLE**
Every two years, or on an ad hoc basis, as determined by the QIPS Committee.

**DOCUMENT SUNSETTING**
10 years or as determined by S&Q and/or QIPS.

**EXAMPLE DOCUMENT**
2016 Quality Summit Proceedings: Shared Decision Making

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### CLINICAL CONSENSUS STATEMENT (CCS)

**DEFINITION**
Statements of expert opinion for which there may or may not be supporting evidence available in the medical literature.

**LEVEL OF EVIDENCE**
Expert opinion supported by available literature.

**COMPOSITION OF DEVELOPMENT GROUP**
Subject matter experts and others with interest in topic area.

**EXTERNAL REVIEW**
Review by relevant stakeholders and approval bodies (QIPS, S&Q, BOD), and public comment.

**REVIEW CYCLE**
Every two years, or on an ad hoc basis, as determined by the QIPS Committee.

**DOCUMENT SUNSETTING**
10 years or as determined by S&Q and/or QIPS.

**EXAMPLE DOCUMENT**
Urologic Procedures and Antimicrobial Prophylaxis

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### POLICY/POSITION STATEMENTS (PPS)*

**DEFINITION**
Presents the AUA positions, philosophy and/or policies on a topic of interest in the urology specialty.

**LEVEL OF EVIDENCE**
Literature review; panel members review the literature and contribute practical knowledge and experience to conclusions.

**COMPOSITION OF DEVELOPMENT GROUP**
Subject matter experts in the topic area.

**EXTERNAL REVIEW**
Review by relevant stakeholders and approval bodies (QIPS, S&Q, BOD).

**REVIEW CYCLE**
Every year, or on an ad hoc basis, as determined by the QIPS or Public Policy Committees.

**DOCUMENT SUNSETTING**
10 years or as determined by S&Q and/or QIPS or Public Policy.

**EXAMPLE DOCUMENT**
Beers Criteria for Potentially Inappropriate Medication

*PPSs of non-BOD origin*