**News**

**The new era of European Association for the Study of Diabetes (EASD) clinical guidance documents**

Manuela Meireles1, Richard I. G. Holt2,3, Apostolos Tsapas4,5, Hindrik Mulder6, Chantal Mathieu7

1. European Association for the Study of Diabetes, Düsseldorf, Germany

2. Human Development and Health, Faculty of Medicine, University of Southampton, Southampton, UK

3. National Institute for Health and Care Research Southampton Biomedical Research Centre, University Hospital Southampton NHS Foundation Trust, Southampton, UK

4. Diabetes Centre, Second Medical Department, Aristotle University of Thessaloniki, Thessaloniki, Greece

5. Clinical Research and Evidence-Based Medicine Unit, Second Medical Department, Aristotle University of Thessaloniki, Thessaloniki, Greece

6. Unit of Molecular Metabolism, Lund University Diabetes Centre, Malmö, Sweden

7. Department of Endocrinology, UZ Gasthuisberg, Katholieke Universiteit Leuven, Leuven, Belgium

Correspondence: Manuela Meireles, manuela.meireles@easd.org

ORCID numbers:

Manuela Meireles: 0000-0003-3703-0011

Richard I. G. Holt: 0000-0001-8911-6744

Apostolos Tsapas: 0000-0003-0221-4072

Hindrik Mulder: 0000-0002-6593-8417

Chantal Mathieu: 0000-0002-4055-5233

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The European Association for the Study of Diabetes (EASD) has for decades had a prominent role in co-producing and endorsing clinical guidance documents with other learned societies. While we recognise the importance of working together on topics that have common relevance to different societies, we have been challenged in the past by proposed joint documents that have arrived at the EASD offices at different stages of preparation; this compromises the concept of joint effort building according to the vison of EASD experts and EASD principles.

The different types of clinical guidance documents produced by the EASD, namely clinical practice guidelines, consensus reports, position statements and expert opinion reports, are defined in an editorial published in this issue of *Diabetologia* [1]. In this news article we provide practical information to expert leaders in diabetes on how to initiate a guidance document in collaboration with or endorsed by the EASD (Table 1). Further information, which will be regularly updated, can also be found on the EASD website (https://www.easd.org/guidelines/guidance-document-types.html). We envisage streamlining the processes involved in seeking EASD involvement in guidance documents, with the goal of improving diabetes care and prevention through the resulting reports.

**Authors’ relationships and activities**

MM is the EASD Chief Scientific Officer. RIGH is the Chair of the EASD Committee on Clinical Affairs. RIGH has received fees for lecturing from Boehringer Ingelheim, EASD, Eli Lilly, Encore, Liberum, Novo Nordisk and ROVI, and funding for conference attendance from Novo Nordisk and Eli Lilly. AT is the Chair of the EASD Guidelines Oversight Committee. AT has received support for attending meetings and/or economy travel from Bayer, Menarini and Novo Nordisk, outside the submitted work. HM is the Editor-in-Chief of *Diabetologia* and CM is the President of the EASD. CM serves or has served on the advisory panels for Novo Nordisk, Sanofi, Eli Lilly, Novartis, Boehringer Ingelheim, Roche, Medtronic, Imcyse, Insulet, Biomea Fusion and Vertex. Financial compensation for these activities has been received by KU Leuven; KU Leuven has received research support for CM from Medtronic, Imcyse, Novo Nordisk, Sanofi and ActoBio Therapeutics. CM serves or has served on the speakers’ bureau for Novo Nordisk, Sanofi, Eli Lilly, Medtronic and Boehringer Ingelheim. Financial compensation for these activities has been received by KU Leuven.

**References**

1. Holt RIG, Tsapas A, Meireles M, Mulder H, Mathieu C (2025) Clinical guidelines and guidance from the European Association for the Study of Diabetes (EASD). Diabetologia. <https://doi.org/10.1007/s00125-025-06378-7>

2. Karagiannis T, Advani A, Davies MJ et al (2025) European Association for the Study of Diabetes (EASD) Standard Operating Procedure for the development of guidelines. Diabetologia https://doi.org/10.1007/s00125-025-06370-1

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| **Table 1** Types of EASD clinical guidance documents and how to seek EASD involvement | | | | |
| **Type of document** | **How to initiate** | **What to include in a proposal** | **Criteria for EASD endorsement** | **Publication** |
| Guideline | Mainly initiated by the EASD according to its SOP for the development of guideline documents published in this issue of *Diabetologia* [2]. Joint guidelines initiated by other entities must be willing to adhere to EASD cooperation principles [2]. Prior to development, submit a detailed proposal to the GOC via the EASD Executive Office (clinicalaffairs@easd.org). | (1) The topic and outline of the guideline  (2) Information on which organisations will be included  (3) Information on the proposed composition of the writing group (associations/experts involved), including the number of representatives per organisation and the recruitment process  (4) The role(s) and areas of expertise of those directing the guideline exercise, as well as how people with lived experience of diabetes will be involved  (5) The envisaged timeline  (6) Information on how the group will work together (e.g. number of online or face-to-face meetings)  (7) COI forms for all proposed authors | Adherence to the principles described in ‘Cooperation with other associations in guideline documents’ in the SOP [2]. The GOC will review all proposals and recommend endorsement based on the principles described in the SOP. | OA publication in an EASD journal (subject to acceptance by the EIC; OA costs covered by the EASD) + EASD website + EASD dissemination channels. |
| Consensus report | Prior to development, submit a detailed proposal to the CCA via the EASD Executive Office (clinicalaffairs@easd.org). | (1) The topic and outline of the consensus report  (2) Information on which organisations will be included  (3) Information on the proposed composition of the writing group (associations/experts involved), including the number of representatives per organisation and the recruitment process.  (4)The role(s) and areas of expertise of those directing the consensus exercise, as well as how people with lived experience of diabetes will be involved  (5) The envisaged timeline  (6) Information on how the group will work together (e.g. number of online or face-to-face meetings) and the methods that will be used and the steps that will be taken to gather panellist input and reach consensus (e.g. Delphi method, RAND/UCLA appropriateness method, nominal group technique)  (7) COI forms for all proposed authors | The EASD should be involved at an early stage of development and before writing begins. The CCA will review each proposal and recommend endorsement based on novelty, relevance, importance and topicality. Proposals arriving at a later stage in the process will be handled as expert opinion reports. On a case-by-case basis, a request for endorsement by the EASD as an international consensus report may be considered, provided that ACCORD and/or other appropriate methodologies were used in development. | OA publication in an EASD journal (subject to acceptance by the EIC; OA costs covered by the EASD) + EASD website + EASD dissemination channels. |
| Position statement | Prior to development, submit a detailed proposal to the CCA via the EASD Executive Office (clinicalaffairs@easd.org). | (1) The topic and outline of the position statement  (2) Information on which organisations will be included  (3) Information on the composition of the writing group (associations/experts involved), including the number of representatives per organisation.  (4) Information on plans to involve people with lived experience of diabetes  (5) The envisaged timeline  (6) COI forms for all proposed authors | The EASD should be involved at an early stage of development and before writing begins. The CCA will review each proposal and recommend endorsement based on novelty, relevance, importance and topicality. Proposals arriving at a later stage in the process will be treated as expert opinion reports. | EASD website + EASD dissemination channels; the CCA/EASD Board will advise on publication (OA costs covered by the EASD). |
| Expert opinion report | Contact the CCA via the EASD Executive Office (clinicalaffairs@easd.org). Submit a proposal prior to development for a higher probability of endorsement. | (1) The topic and outline of the expert opinion report  (2) Information on which organisations will be included  (3) Information on the composition of the writing group (associations/experts involved), including the number of representatives per organisation.  (4) Information on plans to involve people with lived experience of diabetes  (5) The envisaged timeline  (6) COI forms for all proposed authors | The EASD should ideally be involved at an early stage of development. The CCA will review each proposal or document and recommend endorsement based on quality and EASD priorities and ongoing documents. | EASD website + EASD dissemination channels; the CCA/EASD Board will advise on publication. |
| ACCORD, ACcurate COnsensus Reporting Document; CCA, Committee on Clinical Affairs; COI conflict of interest; EIC, Editor-in-Chief; GOC, Guidelines Oversight Committee; OA, open access; SOP, Standard Operating Procedure | | | | |