

# 2025 CCS Call for Topics Information Guide

The call for topics submission period is now open!

## Introduction

The Call for Topics (CfT) season for Guidelines and Clinical Practice Updates (CPU) has arrived!

The Canadian Cardiovascular Society (CCS) Guidelines Committee is seeking submissions from CCS members to help determine topics for the development of Guidelines and CPU beginning in 2025. The Guideline Committee aims to approve 2-3 Guidelines/CPU for the upcoming year. **In response to feedback from CCS Members and CCC Attendees, we have made changes to the call for topics process. We have created 3 categories in addition to our open call for topics: major recurring topic, targeted topic(s) and white paper.**

These new categories have been created to address identified process improvements and in response to feedback from CCS member leaders and consultations with the CCS Board, CCS Council, *Canadian Journal of Cardiology* (CJC) and Canadian Cardiovascular Affiliate Senate (C-CAS)\*. If you have an interest in participating or leading any you can contact the Guidelines Committee (contact information at the end of this document) indicating your area and degree of interest and briefly list your specific attributes that would add value to the particular topic of interest.

## Guidelines

[Guidelines & KT Tools](#) +

[About Guidelines](#)

[Guideline Development](#)

[Guidelines and CPU Library](#)

**[Call for Topics Information Guide](#)**

[Guideline Resources](#)+

[iCCS App](#)

We look forward to receiving high-quality submissions that support CCS's Mission and Vision:

- *Mission:* Strong heart teams in a heart healthy Canada.
- *Vision:* We advance heart health for all.
- *Strategic Pillars:*
  - We set standards for excellence in heart health and care.
  - We build the knowledge and expertise of the heart team.
  - We influence policy and advocate for the heart health of all Canadians.
  - Read CCS's strategic plan [here](#)

The process for each category is described below, please ensure you read each of these sections in detail:

## Open Call for Topics

Enter your submission into the submission portal as of December 3, 2024 until 11:59 p.m. ET on January 9, 2025. **Please login to [MY.CCS.ca](#), click members only and call for topics.**

Detailed timeline is below. **No late submissions will be accepted – the link will be disabled after this time.**

Please review the criteria and checklist listed below to ensure all requirements are satisfied. Additionally, kindly **review the footnote at the end of this document.**

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## Submission Requirements Checklist – PLEASE READ, as the open call for topics process has changed:

Please develop a complete, well-prepared submission including all of the following:

- CCS member submitter's complete **contact information**.
  - Active, paid CCS membership and number (required to submit)
- Identification whether the **topic is a guideline or CPU** (see table at end for comparison). **Please review the major recurring topic list below. Topics that clearly duplicate or conflict with a scheduled major recurring topic in the same year are unlikely to receive high priority.**
- **Given the potential nuances and variations in overlap, it may be beneficial for you to contact the Guidelines Committee at [guidelines@ccs.ca](mailto:guidelines@ccs.ca) to inquire about the degree of any conflict or overlap. Alternatively, the committee may reach out to you directly regarding this issue.**
- If the topic is a CPU, please state the format for the document (e.g. pathway, position, clinical advice or update, algorithm, checklist, etc.).
- **Signature of the President of any CCS affiliate(s)** who would agree to collaborate on the Guideline/CPU: please list the affiliate(s).
  - See CCS.ca for CCS affiliates <https://ccs.ca/one-heart-team/>. **Please note this is optional.**

**Title, Scope and Rationale for the proposed guideline/CPU (up to 1,000 words); items to address include:**

- Brief description of clinical burden to be addressed: breakthrough recommendations, gaps in care, major changes or gaps in evidence, large and unique implications for Canada (in published evidence or context), clearly defined needs/voice of People With Lived Experience (PWLE) (those who use health or care services, carers, or communities affected by the guideline/CPU).
- Please indicate why there is potential for this guideline/CPU to address gaps in care and outcomes for PWLE.
- Identify sources of clinical evidence (e.g. systematic reviews) or any preliminary literature reviews and include reference to policy and/or economic evidence (if possible). **Please note this is optional.**
- Up to 5 key references. **Please note this is optional.**
- The **target audience(s) for the guideline / CPU**. (i.e. physicians (specialists [community and academic], primary care providers), nurse practitioners, nurses, dietitians, pharmacists, exercise



physiologists, social workers/psychologists, people with lived experience (PWLE), carers of people with lived experience).

- **Date of last CCS guideline or CPU publication**, if applicable (past guideline/CPUs: <https://ccs.ca/guidelines-and-position-statement-library/>).
- Guidelines and CPUs currently in development are listed at the bottom of the page here: <https://ccs.ca/guideline-development/>.
- **Suggestions for knowledge translation approaches** (evidence-based welcome) that address clinician and PWLE need.
- If you wish, you may include the names of potential co-chair(s) and/or possible Primary Panel Members. However, please note the process whereby these positions are populated has changed. The call for topics submitter may identify a second Co-chair for Guidelines Committee consideration.

## Nomination Information

- *Co-chair nominee(s) and Primary Panel member suggestions:*
- The Guidelines Committee will select Co-chairs and will approve the Primary Panel<sup>^</sup>
- *Co-chairs:*
  - Self-nomination from the CfT submitter is welcome for one Co-chair position (see Co-chair position description):
  - Letter-of-intent with an up-to-date list of conflict(s)-of-interest (COI) is required for self-nominations
- The *Primary Panel*, including the second Co-chair, will be co-created with the Guidelines Committee, is subject to Guidelines Committee approval and will be a balanced group with:
  - All members provide relevant and complementary expertise necessary to address the topic and scope of the CPU/guidelines. Equity, diversity, and inclusion; gender, geography, and career stage will be considered. A total of 7-20 members with representation from the target audiences of the guideline/CPU with clinical and scientific expertise, and experience as a guideline/CPU Panel Member. Methodologist(s) who are experts in assessing evidence, have knowledge of or practice in the topic area and GRADE (1 for CPU and 2 for guidelines) 1-2 PWLE and/or carers, and trainees on the primary or secondary panel to inform questions and validate needs and

scope of the guideline/CPU (this is topic dependent). Inter-disciplinary health care providers/teams (i.e., pharmacists, nurses, primary care providers). Any other important end-users that are not covered above. Competencies described in the CCS Core Competencies for Committee members.

- Balanced COI: Primary Panel **must be 50% + 1 with no significant conflicts**. COI will be verified with CCS staff support.

**IMPORTANT NOTE:** Please review the new category of major recurring topics below. You should avoid submitting a guideline topic that is listed in this category (you may submit a CPU on these topics). One or more of these topics will be developed in 2025.

## Submission Evaluation

Evaluation will be assessed according to the submission criteria above, using the linked rubric.

All Guideline Committee members will assess each submission, and the committee will meet to review results, discuss, and identify successful topics<sup>^</sup>.

## Steps and Tips

1. Begin discussing your topic idea with other CCS members and Affiliates.
2. Draft your submission according to the submission criteria above, including a letter-of-intent if you are self-nominating as Co-chair.
3. Enter your submission into the submission portal from **December 3, 2024, and closes 11:59 p.m. ET, January 9, 2025**.

**NO LATE SUBMISSIONS WILL BE ACCEPTED.**

## Timeline

Dates	Step	Owner
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<b>November 26</b>	Heads-up communications (CCS Pulse member newsletter); begin planning and submission draft	CCS member
<b>December 3</b>	Portal opens enter submissions	CCS member
<b>January 9</b>	<b>Portal closes 11:59 p.m. ET</b>	CCS staff
<b>January 9 to January 30</b>	Report development	CCS staff
<b>January 9 to January 23</b>	Assessment period	Guideline Committee
<b>January 30</b>	Guideline Committee review 1	Guideline Committee, CCS staff
<b>January 31 to February 7</b>	Communication and letters preparation	Guideline Committee, CCS staff
<b>February 12</b>	Notifications	CCS staff to CCS member submitters

The Guidelines Committee aims to approve 2 to 3 guidelines/CPUs for the upcoming cycle. Details about the CCS guideline development process can be found [here](#).

## New for Guidelines / CPU Development

There are three (3) new categories for guidelines / CPU development

- **Major Recurring Topics**

Pre-determined, high-impact guideline topics that require regular updates, address the greatest needs of CCS members, patients and the broad healthcare community. ***These will be administered by the Guidelines Committee, are scheduled in advance and DO NOT require an application, though CCS members may email their interest in participating as outlined above.***



The priority for the upcoming topics is outlined below, though they may be subject to change:

- Atrial Fibrillation – 2025
- Vascular Prevention (Focus: Obesity, cardio metabolic) -2025
- Acute Ischemic Heart Disease – 2026
- Cardiac Devices – 2028
- Chronic Vascular Disease – 2026
- Heart Failure – 2027
- Valvular Heart Disease – 2027
- Slot for potential new Magnetic Resonance Tomography (MRT)

Topics slate will be on a 4- to 5-year rotation, priority/order defined by the Guidelines Committee.

**Stay tuned for more information about major recurring topic process for development.**

- **Targeted topic(s)**

These are topics approved in response to a significant need or urgent/important change in the cardiovascular environment. The decision is made by the Guidelines Committee in consultation with stakeholders: CCS Leadership Team, C-CAS, CCS Board, CCS Council, Advocacy Committee, CJC, EDI Committee, Continuing Professional Development Committee.

Targeted topics could be a guideline or CPU.

- **White Papers**

These are topics of interest that indicate new or evolving information, controversy, or specific interest related to sub-specialty Affiliates. White papers require involvement of the Affiliates, but do not rise to the level of CPU/guidelines, as determined by the Guidelines Committee and must undergo and be accepted by the traditional peer review process by the CJC. The CCS does not provide support for topics in this category because white papers may be

submitted and accepted to the CJC without Guidelines Committee involvement, the Guidelines Committee will serve to ensure that a proposed white paper does not conflict with nor duplicate a guideline or CPU. If a white paper in scope, aligns with a guideline or CPU, the topic will be submitted in the call for topics and assessed according to the requirements listed above. If a CCS member has an interest in a white paper, consultation with the Guidelines Committee and CJC is strongly encouraged.

Read more about white paper publications at CJC online:

<https://onlinecjc.ca/content/authorinfo>.

## Questions

If you have questions related to the call for topics process, please email [guidelines@ccs.ca](mailto:guidelines@ccs.ca); your email will be responded to in 24 hours, excluding weekends.

If you have questions related to the submission system, please contact Christiana Fashola at [fashola@ccs.ca](mailto:fashola@ccs.ca).

Thank you! We look forward to reviewing your submission.

## Related Information

1. [CCS Guideline Co-chair Position Description with CCS Competencies](#)
2. [CCS CPU Co-chair Position Description with CCS Competencies](#)
3. [CCS Chair and Committee Member Competencies](#)
4. [CfT Assessment Rubric](#)

### Footnotes:

^ Guideline Committee decision authority is documented in the CCS Delegation of Authority instrument and aligns with CCS Governance structure.

\*CCS Board, CCS Council, C-CAS, CCS membership and CJC.





# Guideline vs. CPU

## Guidelines vs. Clinical Practice Updates Comparison

	Guidelines	CPUs
Submitted by CCS members > Call for Topics process	Yes	Yes
Approved by and accountability of Guidelines Committee	Yes	Yes
Informed by published literature and expert opinion	Yes	Yes
Rigorous methodology: PICO questions, GRADE to assess quality of evidence for recommendations	Yes	No
Budget for librarian services, GRADE system	Yes	No
Secondary, ancillary publications supported	No	No
CCS staff resource allocation	High	Low
Timeline*	12-18 mos	6-9 mos
KT strategies at time of publication	Yes	Yes

\*From kick-off to acceptance in CCS Journal



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