Comments. In the setting of clinical studies, the QLQ-C30 and SF-36 are the most widely used questionnaires studying QOL in patients with CP. No studies have been performed to compare the validity and reliability of both tests in patients with CP in order to determine whether one test is superior to the other.

Even in a busy outpatient clinic, CP patients can use the waiting time before consultation to fill out the SF-12 questionnaire. The less time-consuming questionnaire may even increase the motivation and participation of patients in clinical studies to complete QoL questionnaires. The SF-12 showed excellent correlation with the longer SF-36 questionnaire ($r = 0.960$, $p < 0.001$).[515] In one study, SF-12 was compared to QLQ-C30 in 163 patients with CP and the SF-12 was found to be more reliable and easier to use in routine clinical practice.[686]

Conclusions

The HaPanEU/UEG guidelines on the management of CP are the result of an international, multidisciplinary, evidence-based approach. These guidelines provide recommendations for key aspects of the medical and surgical management of CP combined with comments based on the available literature and the opinions of leading pancreatologists from Europe.

The focus should now shift towards the optimal dissemination and implementation of these guidelines, which is not a given likelihood.[687] Several studies have indicated that guideline implementation is frequently suboptimal, at least in acute pancreatitis,[688,689] and hence a structured, ongoing effort is required, especially since guidelines in gastroenterology tend to fall short of other disciplines.[690] To overcome these shortcomings, guideline dissemination will be facilitated by free online access. There will also be a Smartphone application (HaPanEU) available to allow easy access and facilitate guideline use in daily practice as such apps are becoming increasingly popular.[691–693]

Although there is no optimal strategy for ensuring good implementation of any set of guidelines,[694] there is clearly a role for pancreatologists in this process. By informing specialist and non-specialist colleagues and encouraging them to use these guidelines, by presenting the guidelines at local or national meetings, and by writing about and referring to these guidelines in national and international journals, pancreatologists can optimise their implementation. Some evidence also suggests that instituting a process of audit feedback could increase awareness and improve guideline implementation,[695] These guidelines will also be useful when designing future studies as they reflect the current 'benchmark' for diagnosing and treating CP. This holds particularly true for imaging techniques. The existence of evidence-based guidelines obviously does not relieve clinicians from their professional obligation to keep up-to-date with new developments in CP. In particular, the results of ongoing RCTs (www.clinicaltrials.gov) should be taking into account. How then to decide when to update these guidelines? Some have argued that clinical guidelines should be updated continuously. Although appealing, this is clearly impractical and the HaPanEU working group will use a published framework on how to decide when to initiate an update.[15]

The HaPanEU/UEG evidence-based guidelines on the management of CP should result in reduced variation in practice and an improvement in patient outcome across Europe. The challenge now is to ensure high compliance in clinical practice and future trial design.[453]

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