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SPECIAL ARTICLE

Guidance on the production of EuGMS guidelines

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Abstract
The European Geriatric Medicine Society (EuGMS) will publish clinical guidelines grounded in evidence-based knowledge pertaining to identification, prevention, diagnosis and management of conditions that are relevant to older people. The primary goal is to produce relevant recommendations that address areas not currently covered by organ-based clinical guidelines, thereby mitigating uncertainty and enhancing the quality of care for older patients, in particular those with multimorbidity and frailty. This document, approved by the Academic Board and the Executive Board of the EuGMS, informs on the creation and organization of the Guideline Committee, the procedures to develop clinical guidelines, methodological aspects and ethical issues related to their production and dissemination. It also informs endorsement of clinical guidelines by other organizations.

Keywords Guidelines as topic · Bioethics · Societies · Scientific · Clinical governance

The objective of this document is to present the methodology to:

i) develop EuGMS clinical guidelines,
ii) develop collaborative clinical guidelines with other scientific societies, and
iii) endorse clinical guidelines originating from other scientific societies.

Governance

The European Geriatric Medicine Society (EuGMS) will publish clinical guidelines grounded in evidence-based knowledge pertaining to the identification, prevention, diagnosis and management of conditions that are relevant to geriatric patients. The primary goal is to produce relevant

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recommendations that address areas not currently covered by organ-based clinical guidelines, thereby mitigating uncertainty and enhancing the quality of care for old, frail patients.

The Guideline Committee is the governing body of EuGMS entrusted with overseeing the clinical guidelines program. This Committee operates under the continuous interaction and supervision of the Academic and Executive Boards of the Society. Task forces will be convened for the creation of each clinical guideline.

The Guideline Committee

Guideline Committee	The Guideline Committee is responsible for: - Evaluating and appraising the feasibility of proposals for clinical guidelines production and subsequently reporting to the Executive Board and Academic Board - Collaborating with the Academic Board and Executive Board to determine clinical guideline development priorities and establish the schedule for future guideline development - Periodically revising the clinical guidelines production methodology to ensure its currency and relevance - Appointing chairs, co-chairs, and members for clinical guideline task forces in consultation with the Academic Board - Monitoring the progress of clinical guideline development in accordance with established timelines and goals - Formulating a strategy for disseminating the clinical guidelines - Engaging with national geriatrics societies (through the General Assembly) and other international scientific societies to plan the development of joint clinical guidelines

	Nominated by	Responsible for	Reporting to
Guideline Committee chairperson	The Executive Board following a proposal of the Academic Director after discussion with the Academic Board	Leading the work of the Committee	Academic Board Executive Board General Assembly
Guideline Committee members	The Guideline Committee Chairperson, Executive Board and Academic Board after consultation with the General Assembly	The operations of the Guideline Committee	Guideline Committee chairperson and further to the Academic Board, Executive Board and General Assembly

The Guideline Committee chairperson is jointly appointed by the Executive Board and Academic Board after consulting with the General Assembly. The successful candidate will be a geriatrician selected from among EuGMS members. The term of office for the Guideline Committee chairperson will be four years.

The Guideline Committee typically consists of around 10 members (with a maximum of 14 members). Members will be chosen by the Guideline Committee Chairperson, in collaboration with the Executive Board and Academic Board, following consultation with the General Assembly. A quorum of ten attendees is required for any meeting. The term of office for the Guideline Committee members will be four years. Every two years, an open call will be issued by EuGMS to replace half (50%) of the Guideline Committee members. Priority will be given during the selection procedure of the open call to expertise in geriatric research, clinical guidelines methodology, systematic reviews and meta-analysis and other relevant aspects. Considerations will be given to geographic representation, gender balance, and representation across Special Interest Groups (SIGs). The Editor-in-Chief of European Geriatric Medicine (or an Associate Editor) may attend or be called to the Guideline Committee meetings, as needed, to aid in coordinating the publication of clinical guidelines.

The activities of the Guideline Committee are described in the table above. All Guideline Committee members are obligated to adhere with the requirements of the declaration of interest, confidentiality, ethics and clinical guideline development procedures outlined in this document. Members participate on a voluntary basis and do not receive remuneration for their contributions, though travel and accommodation costs will be reimbursed as appropriate.

The Guideline Committee will meet in person annually during the EuGMS congress and hold regular web-based meetings throughout the year.

Guideline task forces

Specific clinical guideline task-force	A clinical guideline task force is responsible for developing fully approved guideline content that adheres to all relevant policies and procedures		
	Nominated by	Responsible for	Reporting to
Specific clinical guideline task force chair and co-chair	Proposed by Guideline Committee and approved by the Academic Board	Delivering fully approved guideline content Establishing and managing goals, priorities, and schedule of the proposed clinical guideline Providing regular progress reports for each Guideline Committee meeting Appointing task force members in collaboration with the Guideline Committee and after approval of the Academic Board Collecting conflict of interest forms from task force members	Guideline Committee
Specific clinical guideline task force members	Proposed by Guideline Committee jointly with task force chair and co-chair, and approved by Academic Board	Delivering fully approved clinical guideline content	Task force chair and co-chair Guideline Committee

A specific clinical guideline task force will be established upon approval from the relevant EuGMS bodies for each guideline development proposal. This task force will be responsible for delivering fully approved clinical guideline content that complies with all relevant policies and procedures. The specific clinical guideline task force chair and co-chair will be proposed by the Guideline Committee and approved by the Academic Board.

Task force members will be chosen by the task force chair and co-chair in collaboration with the Guideline Committee, following approval of the Academic Board. The number of members and their responsibilities will be determined based on the content and scope of individual clinical guidelines but will typically range from 20 members (including chairpersons and patient representatives) to no more than 25. Member selection will consider geographic representation, gender balance, and representation from SIGs with an interest in the guideline topic. It is essential to ensure a sufficient number of geriatricians within all EuGMS task forces.

For clinical guidelines developed in partnership with other international societies, one of the two chairpersons may be appointed by the cooperating society. The number of task force members representing external societies is established according to contractual agreements made before the start of the project, and selection criteria align with the principles mentioned earlier, including the inclusion of sufficient geriatric expertise.

Role of EuGMS governing bodies

Executive Board	Appoints the Guideline Committee Chairperson and members, jointly with the Academic Board Collaborates with the Academic Board and Guideline Committee to establish clinical guideline development priorities and future schedules Approves resource and budget allocation for clinical guidelines production
Academic Board	Appoints the Guideline Committee Chairperson and members, jointly with the Executive Board Works with the Guideline Committee and Executive Board to determine clinical guideline development priorities and the future schedules Appoints chairs, co-chairs and members for clinical guidelines task forces in conjunction with the Guideline Committee Endorses clinical guidelines content and approves it for publication

The ultimate responsibility for EuGMS clinical guidelines rests with the Executive Board and the Academic Board, including the appointment of Guideline Committee and task force members, determination of development priorities, authorization of clinical guideline production,

engaging with other organizations for guideline production, negotiation of financial aspects, and endorsement of the final product before publication.

Procedures

Who can propose a topic for a EuGMS clinical guideline?

Any EuGMS member, including member national societies (General Assembly members), the Executive or Academic Board, special interest groups, task-and-finish groups, or individual members may propose the development of a clinical guideline.

Guideline proposals originating from the Guideline Committee and Executive Board will receive priority over other submissions. Proposals related to topics covered by EuGMS special interest groups or task-and-finish groups are encouraged to be presented in cooperation with these groups.

External organizations are also welcome to suggest clinical guideline topics to EuGMS.

How to propose a topic for a EuGMS clinical guideline?

Proposals will be submitted using a standardized form developed by the Guideline Committee, available through the EuGMS secretariat. All proposals will be submitted to the Guideline Committee. This form will encompass all technical and organizational aspects, and a description of the budget and resources needed.

External organizations intending to propose clinical guidelines should first approach the Executive Board to explore feasibility and organizational aspects before completing the form.

How will the Guideline Committee evaluate the proposal?

The Guideline Committee will assess proposals for feasibility, scientific and practical importance, and relevance to geriatric practice. Recommendations regarding whether to consider a proposal will be made to the Academic Board and Executive Board. The Guideline Committee will develop specific criteria for a standardized evaluation, based on established high-quality standards and resources (i.e., AGREE, AMSTAR). The Guideline Committee may seek further information or clarifications from the proposer of the clinical guideline to make an informed decision.

The Guideline Committee will periodically update the Academic and Executive Board on all received proposals, offering recommendations on their relevance and priority.

Who approves the development of a clinical guideline?

The Executive Board will determine the number and content of clinical guidelines produced each year, taking into account EuGMS priorities and financial capacity.

For clinical guidelines proposed by external organizations, a memorandum of agreement between the EuGMS and those organizations must be signed before a guideline is accepted.

Financial aspects

To the extent that resources permit, EuGMS will provide financial support for the production of clinical guidelines. The allocation of the budget will be decided by the Executive Board when approving the production of any clinical guideline. To enhance cost-efficiency, proposers of clinical guideline can offer in-kind or monetary contributions from academic departments or non-profit organizations to assist in searching, analyzing or writing the guidelines, while always considering ethical aspects.

Commercial and for-profit organizations will not be involved in any capacity in the production of EuGMS clinical guidelines.

How is the task force appointed?

Once approved, the Guideline Committee, in cooperation with the Academic Board, will nominate the chair and co-chair, and help them select the task force members responsible for creating the clinical guideline. The timeline will be determined based on the complexity and expected content of the clinical guideline.

Patient representatives

Every EuGMS clinical guidelines task force will incorporate at least one patient representative and, ideally, collaborate with existing patient organizations related to the addressed topic. Patient representatives selected for the task force will be chosen based on their expertise in the subject and will voice their perspectives. Patient involvement in clinical guidelines must adhere to the same confidentiality, conflict of interest obligations, and applicable rules as other task force members.

Who approves and endorses the clinical guideline before publication?

Once the task force completes the clinical guideline, it will be submitted to the Guideline Committee, which will, in cooperation with the Academic Board, endorse the content

and approve it for publication. If any aspect of the clinical guideline deviates from established procedures, the Guideline Committee and Academic Board may request revisions.

Publication of clinical guidelines

EuGMS clinical guidelines will be published in the official EuGMS journal, European Geriatric Medicine. In specific cases, co-publication in other relevant journals may be considered, especially when the clinical guideline is developed in collaboration with other organizations.

The Guideline Committee will develop a dissemination plan for each clinical guideline in cooperation with the relevant EuGMS boards. The presentation of new clinical guidelines at the annual EuGMS congress is mandatory.

Implementation of clinical guidelines

Guidelines will consider both promoters and barriers to implementing the recommendations. They will be produced and published in English. Member national societies may facilitate implementation by translating and publishing the clinical guidelines in other European languages, under the supervision of the Guidelines Committee.

Guideline review

The relevance of a clinical guideline is inherently time-limited given the continual production of new evidence. The Guideline Committee, in collaboration with the task force chairs, will reassess all clinical guidelines no later than five years after publication, adhering to formal criteria similar to those published by NICE. If a clinical guideline is deemed outdated, a review process will be launched by forming a new task force based on the original one that authored the guideline. When resource limitations preclude the review, outdated clinical guidelines will be formally marked as such to inform users that some or all the information and recommendations may not be current.

Methodological aspects

Guideline content

EuGMS clinical guidelines will consist of the following components:

- an introduction explaining the rationale of the guideline and the key issues it addresses
- a section outlining the scope, the approach to addressing questions, and the process of evidence search
- a standard section on the strength of recommendations
- a review and summary of the available evidence
- the recommendations
- details of task force membership, including disclosures of potential conflicts of interest

Questions addressed by the clinical guideline

We recommend that the questions be framed using the PICO (P—Patient, problem or population, I—Intervention, C—Comparison, control or comparator, O—Outcome) rubric. Additional narrative questions may also be included.

Literature searches, analysis and grading of evidence

Task force members are expected to conduct and document comprehensive literature reviews of the topic of the clinical guideline, adhering to accepted standards, to find and interpret the best available evidence for informing clinical practice. Evidence search strings and evidence selection criteria will be documented and published as supplementary material to the clinical guideline. Evidence will be presented to other task force members by those who retrieved it in an organized manner before formulating recommendations.

Preferred evidence includes randomized trials or systematic reviews with meta-analysis. However, as these may not always be available in geriatric medicine, other study designs may be used (i.e., for non-pharmacological interventions or diagnostic tests).

The GRADE system (grading of recommendations assessment, development, and evaluation) should be utilized for summarizing the evidence. In cases where GRADE may not be the most appropriate choice (i.e., some non-pharmacological interventions), alternative well-described grading systems may be employed; this choice must be thoroughly explained in the methodology section of the guideline.

To assign the levels of evidence, the method proposed by the European Society of Cardiology (ESC) should be followed:

Level of evidence A	Data derived from multiple randomized clinical trials or meta-analyses
Level of evidence B	Data derived from a single randomized clinical trial or large non-randomized studies
Level of evidence C	Consensus of opinion of the experts and/or small studies, retrospective studies, registries

Wording recommendations

The ESC method for indicating the level of confidence and the wording used for recommendations is as follows:

Class of recommendation	Definition	Wording
Class I	Evidence and/or general agreement that a given intervention is beneficial, useful, effective	Is recommended or is indicated
Class II	Conflicting evidence and/or a divergence of opinion about the usefulness/efficacy of the intervention	
Class IIa	Weight of evidence/opinion is in favour of usefulness/efficacy	Should be considered
Class IIb	Usefulness/efficacy is less well established by evidence/opinion	May be considered
Class III	Evidence or general agreement that the intervention is not useful/effective and in some cases may be harmful	Is not recommended

Incorporating aspects important to older persons and geriatric care

All clinical guidelines produced or endorsed by EuGMS must address critical aspects, such as multimorbidity, polypharmacy, non-pharmacological therapies, frailty, and geriatric syndromes. Recommendations will only be developed when the evidence encompasses a sufficient number of older individuals. Explicit information regarding how the evidence applies to typically underrepresented groups provided following the recommendations as shown below:

Recommendation X		
Level of evidence		
Class of recommendation		
Applicability to older people	*Poor/Acceptable/Good*	*Comments*
living with frailty		
with cognitive impairment		
with multimorbidity		
living in nursing homes		

Timelines

The process for developing clinical guidelines should have a maximum duration of two years, from the formation of the task force to the presentation of the clinical guideline to the Guideline Committee. Task force members are expected to commit to adhering to this timeline. Failure to participate in meetings and ensure compliance with the established timelines may result in exclusion from a task force, a decision made by the Guideline Committee based on a reasoned proposal of the task force chairs.

Ethical issues

All members of the Guideline Committee and clinical guidelines task forces are required to adhere to EuGMS policies and procedures regarding declarations of interest, confidentiality, ethics, diversity, travel, and clinical guideline development outlined in this document.

Ethical issues involve all aspects of medical care in general [1] and the care of older persons in particular. These complex issues involve many elements [2, 3], as detailed in Fig. 1.

Principles of medical ethics

It may be beneficial to guide decisions based on Beauchamp's four principles of medical ethics (3), namely: (1) autonomy, (2) beneficence, (3) non-maleficence and (4) (distributive) justice [4]. We address each of these principles in turn with relevant recommendations.

Autonomy

This principle may be defined as the obligation of the physician/health care system to recognize that all persons have intrinsic and unconditional worth and, therefore, insofar as is possible, should have the power to make rational decisions and moral choices, and each should be allowed to exercise his or her capacity for self-determination. Although the most important in clinical practice, this principle is less relevant in writing/adopting of clinical guidelines.

However, there are two possible points of contact and relevant recommendations relating to this principle:

1. To be mindful of and responsive to applications by lay organizations seeking guidance (e.g., a national Alzheimer Association or other advocacy groups for older persons).

Fig. 1 Ethical issues involved in the creation of guidelines. Picture Under license Creative Commons CC0

2. Emphasizing that clinical guidelines are meant to be "tools, not rules". The word "guideline" implies a helpful signpost directing the clinician to go (if possible) in a particular direction rather than a hard and fast commandment. When relevant, clinical judgment and a patient's specific situation must always be allowed to supersede a formal clinical guideline. In addition, if the clinical guideline cannot be followed due to resource constraints, either local or national, users must not feel guilty or forced to go beyond the constraints of his/her context.

Beneficence

Defined as the obligation of the physician/health care system to act for the benefit of the patient/population, it is crucial, in the choice of new EuGMS clinical guidelines, to choose from among those topics that still need to be addressed by a proper guideline.

Non-maleficence

The obligation of a physician/health care system is not to harm the patient. Guidelines should neither harm patients nor deform health care systems. A clinical guideline offering recommendations for a single condition (e.g., hypertension, diabetes or hypercholesterolemia) may cause harm if the possibility of other conditions and multimorbidity being present is not considered. For example, if polypharmacy results from following various single disease guidelines without taking into account other guidelines, more harm than benefit may well result.

Related in part to the issues discussed below, clinicians working in less-resourced settings should not feel constrained by clinical guidelines to offer treatments that are affordable in more affluent countries but not in their contexts. Of relevance, it should be kept in mind that the poorer parts of the world (low- and middle-income countries [LMICs]) are aging rapidly [5], and clinicians in these countries may look to the EuGMS for guidance. Clinicians in LMICs (or even those in some poorer countries in the EuGMS) may have trouble following some of the recommendations written with the assumption that patients and health care systems can afford to follow them.

(Distributive) justice

The obligation to ensure the fair, equitable, and appropriate distribution of health care resources is determined by justified norms that structure the terms of implementable social cooperation. It is worth emphasizing that it will be a severe waste of EuGMS resources if we "reinvent the wheel" by writing clinical guidelines "for Europe" when perfectly acceptable guidelines exist elsewhere. It is particularly in this context where the idea of ratification of existing

clinical guidelines rather than writing new ones needs to be considered by those deciding which guidelines needs to be produced.

Potential conflicts of interest of persons involved in clinical guidelines

EuGMS must manage conflicts of interest or potential conflicts of interest fairly and transparently. These issues have been dealt with by well-established bodies such as the International Committee of Journal Medical Editors (ICMJE) in individual medical publications [6]. We recommend that EuGMS require clinical guidelines authors to adhere to these standards, especially those concerning minimizing conflicts of interest. These principles will guide the selection of task force members. The timeframe for conflicts of interest will be three years before the appointment of task force members. Any potential conflict of interest arising during clinical guideline development should be disclosed to the guidelines committee.

EuGMS assumes that potential task force members act in good faith and will recuse themselves when they perceive a potential conflict of interest. Task force members assume full responsibility for identifying and disclosing potential Conflicts of Interest in the Declaration of Interests Form. Conflicts of interest considerations include (but are not restricted to) financial ties, academic commitments, personal or religious beliefs and institutional affiliations. The EuGMS recognizes that there are varying degrees of conflict and even small amounts received from a party with potential interest in the content of the clinical guideline may cause bias. For practical reasons, each Declaration of Interest being reviewed will fit in one of the following categories:

a. No Interest: no financial income from industry-related activities.
b. Modest Interest: total financial income per annum from industry-related activities is less than 10,000€.
c. Substantial Interest: total financial income per annum from industry-related activities exceeds 10,000€.

Conflicts of interest should be reviewed by the relevant boards and used to inform the selection of the most appropriate persons to form clinical guideline production groups. The Academic Board will review the conflicts of interest of guideline committee members. The guideline committee will review the conflicts of interest of task force members. All conflicts of interest will be documented at the EuGMS secretariat.

Potential conflicts of interest of the EuGMS as an organization

EuGMS must ensure that conflicts or potential conflicts regarding financial resources from commercial or non-commercial sponsors do not unduly influence the decision-making process for clinical guideline production. The ethical principles outlined above, with a particular emphasis on underserved patient groups, should guide the prioritization and scheduling of clinical guidelines within the context of limited human and financial resources.

EuGMS should adopt a policy to ensure that financial resources from sponsors do not exert undue influence on the decision to produce or prioritize a clinical guideline.

Endorsing clinical guidelines produced by other organizations

Principles

When endorsing or ratifying recent, high-quality clinical guidelines on relevant topics, EuGMS aims to promote outstanding geriatric medicine while efficiently utilizing limited resources. The endorsement of external clinical guidelines will be guided by the following principles:

- The clinical guideline is published by an organization (not a group of individuals), with priority given to guidelines produced by national or international geriatric organizations
- The clinical guideline is no more than three years old
- The topic of the clinical guideline is relevant to geriatric medicine and includes representation from geriatricians on the guideline committee
- The clinical guideline has been produced using high scientific standards, akin to those required for EuGMS clinical guidelines, including ethical considerations
- Guideline recommendations are applicable in routine geriatric medicine practice
- The clinical guideline includes specific considerations on managing frail or dependent older persons with limited life expectancy
- Conflicts of interest of the persons involved in the production of the clinical guideline are publicly available
- The involvement of health care or pharmaceutical industry funding in the guideline's development does not lead to conflicts of interest
- The clinical guideline aligns with EuGMS policies, documents, or guidelines
- The organization publishing the clinical guideline allows it to be accessible to EuGMS members

Procedures

Any EuGMS member society, EuGMS body, or SIG can propose clinical guidelines for evaluation and potential endorsement by EuGMS. A dedicated form for these proposals will be created and made available through the society's secretariat.

In cases where the original clinical guideline is written in the local language of a member organization, a high-quality English version must also be accessible. EuGMS will use this English version for publication, endorsement, and dissemination.

The Guideline Committee will designate one of its members as the lead reviewer for the clinical guideline. After reviewing the application, the lead reviewer will present a proposal to the Guideline Committee, suggesting either to decline the endorsement or to initiate the endorsement procedure based on the guiding principles. Guidelines with significant limitations will not advance in the procedure.

Guidelines designated for review will be sent to 3–5 external peer reviewers who are members of EuGMS, representing different regions and possessing expertise in the clinical guideline topic. If the topic falls within the purview of a SIG, one of the SIG chairs will be involved in the process.

After at least three reviews are received, the lead reviewer will offer a recommendation for acceptance or rejection that will be discussed during a meeting of the Guideline Committee. Guidelines will receive endorsement if at least two-thirds of the Guideline Committee members at the meeting vote in favor. The Guideline Committee chairperson or the lead reviewer will communicate with the group or person who proposed the clinical guideline and inform them about the final decision.

If the clinical guideline is endorsed, it will be made available to EuGMS members on the society's website. The original clinical guideline will be permitted to include the sentence "Endorsed by the European Geriatric Medicine Society in (year)", and an Editorial article (typically authored by the proponent or the lead reviewer) in European Geriatric Medicine will explain the endorsement.

Appendix: Producing this document

In 2022, the EuGMS Executive Board, upon proposal of the Academic Director, decided that the society had reached a level of maturity to start producing clinical guidelines. The proposal to form a committee to write a document on Guidance for EuGMS Guidelines Procedure was presented, with Alfonso J. Cruz-Jentoft, Past President of the society and Editor-in-Chief of the official journal, proposed as the chair of this working group.

An open call for volunteers was launched to identify members of this Guidance committee. Specific expertise in one or more of these three areas was required:

- Clinical guidelines or methodological aspects (including GRADE or Cochrane reviews)
- Ethical standards
- Systematic reviews and meta-analysis

Fifty-one applications were received. The President and the Academic Director of the society, along with the committee chair, meticulously reviewed all applications and selected committee members based on the following principles:

- Fair representation of European countries and regions
- Gender balance
- Some experts in each of the three areas of interest
- Younger and more experienced members
- Representation from the Executive Board, the Academic Board, and the Special Interest Group on systematic reviews and meta-analysis
- Absence of relevant conflicts of interest

Finally, the committee was formed by the following members:

Alfonso Cruz-Jentoft	Spain
Olivier Bruyère	Belgium
Antonio Cherubini	Italy
A. Mark Clarfield	Israel
Jerzy Gasowski	Poland
Victoria Haunton	UK
Esa Jämsen	Finland
Helgi Kolk	Estonia
Graziano Onder	Italy
M. Cristina Polidori	Germany
Dorota Religa	Sweden
Nicola Veronese	Italy

The committee met for the first time in London during the EuGMS 2022 congress and in regular virtual meetings afterward. Initially, three subgroups were formed to produce a first draft of the document's major sections (governance, procedure, and ethics). Multiple iterations of the document were discussed in meetings, with missing aspects added and agreements reached through consensus in areas of debate. A section on how to endorse clinical guidelines produced by other organizations was added later in the process.

The final draft of the document was presented during a session at the 2023 EuGMS meeting in Helsinki, open to all attendees, where it underwent discussion. The

outcomes of this open discussion were considered during the committee's business meeting, and necessary amendments were proposed and incorporated. This version of the document was approved by all committee members and submitted to the Executive Board and the Academic Board as the culmination of the committee's efforts.

The Academic Board distributed it within its members, proposing some additional changes and clarifications, and approved the current document. The Executive Board of the EuGMS approved this final version.

Declarations

Conflict of interest Authors declare they have no conflict of interest.

Ethical approval This article does not contain any studies with human participants or animals performed by any of the authors.

Informed consent For this type of study, formal consent is not required.

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