

AGREE Reporting Checklist

2016

This checklist is intended to guide the reporting of clinical practice guidelines.

| CHECKLIST ITEM AND DESCRIPTION | REPORTING CRITERIA | Page # | | | |
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| DOMAIN 1: SCOPE AND PURPOSE | | | | | |
| 1. OBJECTIVES Report the overall objective(s) of the guideline. The expected health benefits from the guideline are to be specific to the clinical problem or health topic. | Health intent(s) (i.e., prevention, screening, diagnosis, treatment, etc.) Expected benefit(s) or outcome(s) Target(s) (e.g., patient population, society) | | | | |
| 2. QUESTIONS Report the health question(s) covered by the guideline, particularly for the key recommendations. | Target population Intervention(s) or exposure(s) Comparisons (if appropriate) Outcome(s) Health care setting or context | | | | |
| 3. POPULATION Describe the population (i.e., patients, public, etc.) to whom the guideline is meant to apply. | Target population, sex and age Clinical condition (if relevant) Severity/stage of disease (if relevant) Comorbidities (if relevant) Excluded populations (if relevant) | | | | |
| DOMAIN 2: STAKEHOLDER INVOLVEMENT | | | | | |
| 4. GROUP MEMBERSHIP Report all individuals who were involved in the development process. This may include members of the steering group, the research team involved in selecting and reviewing/rating the evidence and individuals involved in formulating the final recommendations. | Name of participant Discipline/content expertise (e.g., neurosurgeon, methodologist) Institution (e.g., St. Peter's hospital) Geographical location (e.g., Seattle, WA) A description of the member's role in the guideline development group | | | | |
| 5. TARGET POPULATION PREFERENCES AND VIEWS Report how the views and preferences of the target population were sought/considered and what the resulting outcomes were. | Statement of type of strategy used to capture patients'/publics' views and preferences (e.g., participation in the guideline development group, literature review of values and preferences) Methods by which preferences and views were sought (e.g., evidence from literature, surveys, focus groups) Outcomes/information gathered on patient/public information How the information gathered was used to inform the guideline development process and/or formation of the recommendations The intended guideline audience (e.g. | | | | |
| 6. TARGET USERS <i>Report the target (or intended) users of the guideline.</i> | The intended guideline audience (e.g. specialists, family physicians, patients, clinical or institutional leaders/administrators) How the guideline may be used by its target audience (e.g., to inform clinical decisions, to inform policy, to inform standards of care) | | | | |

| DOMAIN 3: RIGOUR OF DEVELOPMENT | |
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| 7. SEARCH METHODS Report details of the strategy used to search for evidence. | |
| 8. EVIDENCE SELECTION CRITERIA <i>Report the criteria used to select (i.e., include and exclude) the evidence. Provide rationale, where appropriate.</i> | located in appendix)Target population (patient, public, etc.)characteristicsStudy designComparisons (if relevant)OutcomesLanguage (if relevant)Context (if relevant) |
| 9. STRENGTHS & LIMITATIONS OF THE EVIDENCE Describe the strengths and limitations of the evidence. Consider from the perspective of the individual studies and the body of evidence aggregated across all the studies. Tools exist that can facilitate the reporting of this concept. | Study design(s) included in body of evidence Study methodology limitations (sampling, blinding, allocation concealment, analytical methods) Appropriateness/relevance of primary and secondary outcomes considered Consistency of results across studies Direction of results across studies Magnitude of benefit versus magnitude of harm Applicability to practice context |
| 10. FORMULATION OF RECOMMENDATIONS Describe the methods used to formulate the recommendations and how final decisions were reached. Specify any areas of disagreement and the methods used to resolve them. | Recommendation development process (e.g., steps used in modified Delphi technique, voting procedures that were considered) Outcomes of the recommendation development process (e.g., extent to which consensus was reached using modified Delphi technique, outcome of voting procedures) |
| 11. CONSIDERATION OF BENEFITS AND HARMS Report the health benefits, side effects, and risks that were considered when formulating the recommendations. | Supporting data and report of benefits Supporting data and report of harms/side effects/risks Reporting of the balance/trade-off between benefits and harms/side effects/risks Recommendations reflect considerations of both benefits and harms/side effects/risks |
| 12. LINK BETWEEN RECOMMENDATIONS AND EVIDENCE Describe the explicit link between the recommendations and the evidence on which they are based. | How the guideline development group linked and used the evidence to inform recommendations Link between each recommendation and key evidence (text description and/or reference list) Link between recommendations and evidence summaries and/or evidence tables in the results section of the guideline |

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| 13. EXTERNAL REVIEW | | | |
| Report the methodology used to conduct | | improve quality, gather feedback on draft | |
| the external review. | 1 | recommendations, assess applicability and | |
| | 1 | feasibility, disseminate evidence) | |
| | | Methods taken to undertake the external review | |
| | 1 | (e.g., rating scale, open-ended questions) | |
| | | Description of the external reviewers (e.g., | |
| | 1 | number, type of reviewers, affiliations) | |
| | | Outcomes/information gathered from the external | |
| | | review (e.g., summary of key findings) | |
| | | How the information gathered was used to inform | |
| | | the guideline development process and/or | |
| | | formation of the recommendations (e.g., | |
| | | guideline panel considered results of review in | |
| | | forming final recommendations) | |
| 14. UPDATING PROCEDURE | | A statement that the guideline will be updated | |
| Describe the procedure for updating the | | Explicit time interval or explicit criteria to guide | |
| guideline. | | decisions about when an update will occur | |
| | | Methodology for the updating procedure | |
| | | | |
| DOMAIN 4: CLARITY OF PRESENTATION | | | |
| 15. SPECIFIC AND UNAMBIGUOUS | | A statement of the recommended action | |
| RECOMMENDATIONS | | Intent or purpose of the recommended action | |
| Describe which options are appropriate in | | (e.g., to improve quality of life, to decrease side | |
| which situations and in which population | | effects) | |
| groups, as informed by the body of | | | |
| evidence. | | 1 5 5 | |
| | | (e.g., patients or conditions for whom the | |
| | | recommendations would not apply) | |
| | | If there is uncertainty about the best care | |
| | | option(s), the uncertainty should be stated in the | |
| | | guideline | |
| 16. MANAGEMENT OPTIONS | | | |
| Describe the different options for managing | | Population or clinical situation most appropriate | |
| the condition or health issue. | | to each option | |
| 17. IDENTIFIABLE KEY | | Recommendations in a summarized box, typed | |
| RECOMMENDATIONS | | in bold, underlined, or presented as flow charts | |
| Present the key recommendations so that | | or algorithms | |
| they are easy to identify. | | Specific recommendations grouped together in | |
| | | one section | |
| DOMAIN 5: APPLICABILITY | | | |
| 18. FACILITATORS AND BARRIERS TO | | Types of facilitators and barriers that were | |
| APPLICATION | | considered | |
| Describe the facilitators and barriers to the | | Methods by which information regarding the | |
| guideline's application. | | facilitators and barriers to implementing | |
| | | recommendations were sought (e.g., feedback | |
| | | from key stakeholders, pilot testing of guidelines | |
| | | before widespread implementation) | |
| | | Information/description of the types of facilitators | |
| | | and barriers that emerged from the inquiry (e.g., | |
| | | practitioners have the skills to deliver the | |
| | | recommended care, sufficient equipment is not | |
| | | available to ensure all eligible members of the | |
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| any competing interests. | A description of the competing interests How the competing interests influenced the guideline process and development of recommendations |
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| Provide an explicit statement that all group members have declared whether they have | Methods by which potential competing interests were sought |
| 23. COMPETING INTERESTS | influence the content of the guideline □ Types of competing interests considered |
| Report the funding body's influence on the content of the guideline. | funding (or explicit statement of no funding) A statement that the funding body did not |
| DOMAIN 6: EDITORIAL INDEPENDENCE 22. FUNDING BODY | □ The name of the funding body or source of |
| | be measured |
| | Operational definitions of how the criteria should |
| | Advice on the frequency and interval of measurement |
| recommendations. | recommendations |
| to measure the application of guideline | □ Criteria for assessing impact of implementing the |
| Provide monitoring and/or auditing criteria | adherence to recommendations |
| 21. MONITORING/ AUDITING CRITERIA | Criteria to assess guideline implementation or |
| | the guideline development process and/or formation of the recommendations |
| | □ How the information gathered was used to inform |
| | acquisition costs per treatment course) |
| | that emerged from the inquiry (e.g., specific drug |
| | technology assessments for specific drugs, etc.) Information/description of the cost information |
| | guideline development panel, use of health |
| | sought (e.g., a health economist was part of the |
| recommendations. | Methods by which the cost information was |
| implications of applying the | costs) |
| Describe any potential resource | Types of cost information that were considered (e.g., economic evaluations, drug acquisition |
| 20. RESOURCE IMPLICATIONS | Outcome of pilot test and lessons learned Types of cost information that were considered |
| | (see Item 18) |
| | Tools to capitalize on guideline facilitators |
| | 18) |
| | Links to how-to manuals Solutions linked to barrier analysis (see Item |
| | Links to check lists, algorithms Links to how to menuols |
| practice. | Guideline summary documents |
| recommendations can be applied in | example: |
| Provide advice and/or tools on how the | implementation of the guideline in practice. For |
| 19. IMPLEMENTATION ADVICE/TOOLS | recommendations Additional materials to support the |
| | development process and/or formation of the |
| | □ How the information influenced the guideline |
| | population receive mammography) |

From:

Brouwers MC, Kerkvliet K, Spithoff K, on behalf of the AGREE Next Steps Consortium. The AGREE Reporting Checklist: a tool to improve reporting of clinical practice guidelines. *BMJ* 2016;352:i1152. doi: 10.1136/bmj.i1152.

For more information about the AGREE Reporting Checklist, please visit the AGREE Enterprise website at www.agreetrust.org.