

## AGREE Reporting Checklist

2016

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

CHECKLIST ITEM AND DESCRIPTION	REPORTING CRITERIA	Page #			
DOMAIN 1: SCOPE AND PURPOSE					
<b>1. OBJECTIVES</b> 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.	<ul> <li>Health intent(s) (i.e., prevention, screening, diagnosis, treatment, etc.)</li> <li>Expected benefit(s) or outcome(s)</li> <li>Target(s) (e.g., patient population, society)</li> </ul>				
<b>2. QUESTIONS</b> Report the health question(s) covered by the guideline, particularly for the key recommendations.	<ul> <li>Target population</li> <li>Intervention(s) or exposure(s)</li> <li>Comparisons (if appropriate)</li> <li>Outcome(s)</li> <li>Health care setting or context</li> </ul>				
<b>3. POPULATION</b> Describe the population (i.e., patients, public, etc.) to whom the guideline is meant to apply.	<ul> <li>Target population, sex and age</li> <li>Clinical condition (if relevant)</li> <li>Severity/stage of disease (if relevant)</li> <li>Comorbidities (if relevant)</li> <li>Excluded populations (if relevant)</li> </ul>				
DOMAIN 2: STAKEHOLDER INVOLVEMENT					
<b>4. GROUP MEMBERSHIP</b> 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.	<ul> <li>Name of participant</li> <li>Discipline/content expertise (e.g., neurosurgeon, methodologist)</li> <li>Institution (e.g., St. Peter's hospital)</li> <li>Geographical location (e.g., Seattle, WA)</li> <li>A description of the member's role in the guideline development group</li> </ul>				
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.	<ul> <li>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)</li> <li>Methods by which preferences and views were sought (e.g., evidence from literature, surveys, focus groups)</li> <li>Outcomes/information gathered on patient/public information</li> <li>How the information gathered was used to inform the guideline development process and/or formation of the recommendations</li> <li>The intended guideline audience (e.g.</li> </ul>				
<b>6. TARGET USERS</b> <i>Report the target (or intended) users of the guideline.</i>	<ul> <li>The intended guideline audience (e.g. specialists, family physicians, patients, clinical or institutional leaders/administrators)</li> <li>How the guideline may be used by its target audience (e.g., to inform clinical decisions, to inform policy, to inform standards of care)</li> </ul>				

DOMAIN 3: RIGOUR OF DEVELOPMENT	
<b>7. SEARCH METHODS</b> Report details of the strategy used to search for evidence.	
<b>8. EVIDENCE SELECTION CRITERIA</b> <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)
<b>9. STRENGTHS &amp; LIMITATIONS OF THE</b> <b>EVIDENCE</b> 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
<b>10. FORMULATION OF</b> <b>RECOMMENDATIONS</b> 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)
<b>11. CONSIDERATION OF BENEFITS AND</b> <b>HARMS</b> 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
<b>12. LINK BETWEEN</b> <b>RECOMMENDATIONS AND EVIDENCE</b> 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

		Democratic and interate fills and small and interation to	
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	
	1	מימומטוב נט בווסטוב מון בווטטוב ווובוווטבוג טו נווב	

any competing interests.	<ul> <li>A description of the competing interests</li> <li>How the competing interests influenced the guideline process and development of recommendations</li> </ul>
Provide an explicit statement that all group members have declared whether they have	<ul> <li>Methods by which potential competing interests were sought</li> </ul>
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	<ul> <li>Types of cost information that were considered (e.g., economic evaluations, drug acquisition</li> </ul>
20. RESOURCE IMPLICATIONS	<ul> <li>Outcome of pilot test and lessons learned</li> <li>Types of cost information that were considered</li> </ul>
	(see Item 18)
	<ul> <li>Tools to capitalize on guideline facilitators</li> </ul>
	18)
	<ul> <li>Links to how-to manuals</li> <li>Solutions linked to barrier analysis (see Item</li> </ul>
	<ul> <li>Links to check lists, algorithms</li> <li>Links to how to menuols</li> </ul>
practice.	<ul> <li>Guideline summary documents</li> </ul>
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.