

## **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						
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.	<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>					
2. QUESTIONS 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>					
3. POPULATION  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						
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.	<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> </ul>					
6. TARGET USERS Report the target (or intended) users of the guideline.	<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		
7. SEARCH METHODS Report details of the strategy used to search for evidence.	Named electronic database(s) or evidence source(s) where the search was performed (e.g., MEDLINE, EMBASE, PsychINFO, CINAHL) Time periods searched (e.g., January 1, 2004 to March 31, 2008) Search terms used (e.g., text words, indexing terms, subheadings) Full search strategy included (e.g., possibly located in appendix)	
8. EVIDENCE SELECTION CRITERIA Report the criteria used to select (i.e., include and exclude) the evidence. Provide rationale, where appropriate.	Comparisons (if relevant) Outcomes Language (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 methodology limitations (sampling, blinding, allocation concealment, analytical methods) Appropriateness/relevance of primary and secondary outcomes considered	
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) How the process influenced the recommendations (e.g., results of Delphi technique influence final recommendation, alignment with recommendations and the final vote)	
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.	evidence (text description and/or reference list)	

13. EXTERNAL REVIEW Report the methodology used to conduct the external review.	<ul> <li>□ Purpose and intent of the external review (e.g., to improve quality, gather feedback on draft recommendations, assess applicability and feasibility, disseminate evidence)</li> <li>□ Methods taken to undertake the external review (e.g., rating scale, open-ended questions)</li> <li>□ Description of the external reviewers (e.g., number, type of reviewers, affiliations)</li> <li>□ Outcomes/information gathered from the external review (e.g., summary of key findings)</li> <li>□ 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)</li> </ul>	
14. UPDATING PROCEDURE	☐ A statement that the guideline will be updated	
Describe the procedure for updating the guideline.	<ul> <li>□ Explicit time interval or explicit criteria to guide decisions about when an update will occur</li> <li>□ Methodology for the updating procedure</li> </ul>	
DOMAIN 4: CLARITY OF PRESENTATION		
15. SPECIFIC AND UNAMBIGUOUS RECOMMENDATIONS  Describe which options are appropriate in which situations and in which population groups, as informed by the body of evidence.	<ul> <li>□ A statement of the recommended action</li> <li>□ Intent or purpose of the recommended action</li> <li>(e.g., to improve quality of life, to decrease side effects)</li> <li>□ Relevant population (e.g., patients, public)</li> <li>□ Caveats or qualifying statements, if relevant</li> <li>(e.g., patients or conditions for whom the recommendations would not apply)</li> <li>□ If there is uncertainty about the best care option(s), the uncertainty should be stated in the guideline</li> </ul>	
16. MANAGEMENT OPTIONS  Describe the different options for managing	<ul> <li>□ Description of management options</li> <li>□ Population or clinical situation most appropriate</li> </ul>	
the condition or health issue.	to each option	
17. IDENTIFIABLE KEY RECOMMENDATIONS Present the key recommendations so that they are easy to identify.	<ul> <li>□ Recommendations in a summarized box, typed in bold, underlined, or presented as flow charts or algorithms</li> <li>□ Specific recommendations grouped together in one section</li> </ul>	
DOMAIN 5: APPLICABILITY		
18. FACILITATORS AND BARRIERS TO APPLICATION  Describe the facilitators and barriers to the guideline's application.	<ul> <li>□ Types of facilitators and barriers that were considered</li> <li>□ Methods by which information regarding the facilitators and barriers to implementing recommendations were sought (e.g., feedback from key stakeholders, pilot testing of guidelines before widespread implementation)</li> <li>□ 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</li> </ul>	

19. IMPLEMENTATION ADVICE/TOOLS Provide advice and/or tools on how the recommendations can be applied in practice.		population receive mammography) How the information influenced the guideline development process and/or formation of the recommendations  Additional materials to support the implementation of the guideline in practice. For example:  Guideline summary documents  Links to check lists, algorithms  Links to how-to manuals  Solutions linked to barrier analysis (see Item 18)  Tools to capitalize on guideline facilitators (see Item 18)	
		<ul> <li>Outcome of pilot test and lessons learned</li> </ul>	
20. RESOURCE IMPLICATIONS  Describe any potential resource implications of applying the recommendations.  21. MONITORING/ AUDITING CRITERIA Provide monitoring and/or auditing criteria to measure the application of guideline		Types of cost information that were considered (e.g., economic evaluations, drug acquisition costs)  Methods by which the cost information was sought (e.g., a health economist was part of the guideline development panel, use of health technology assessments for specific drugs, etc.)  Information/description of the cost information that emerged from the inquiry (e.g., specific drug acquisition costs per treatment course)  How the information gathered was used to inform the guideline development process and/or formation of the recommendations  Criteria to assess guideline implementation or adherence to recommendations  Criteria for assessing impact of implementing the	
recommendations.		recommendations	
		Advice on the frequency and interval of measurement Operational definitions of how the criteria should	
		be measured	
DOMAIN 6: EDITORIAL INDEPENDENCE			
22. FUNDING BODY		The name of the funding body or source of	
Report the funding body's influence on the	_	funding (or explicit statement of no funding)	
content of the guideline.		A statement that the funding body did not	
23. COMPETING INTERESTS  Provide an explicit statement that all group members have declared whether they have any competing interests.		Influence the content of the guideline  Types of competing interests considered  Methods by which potential competing interests were sought  A description of the competing interests How the competing interests influenced the guideline process and development of recommendations	

## 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.