



AGREE-Recommendation EXcellence (AGREE-REX) Reporting Checklist

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

Manuscripts related to the AGREE-REX are being submitted to peer-reviewed journals for publication. Citations will be added here when they become available.

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

CHECKLIST ITEM	REPORTING CRITERIA	Page #
ITEM 1: CLINICAL APPLICABILITY		
<p>1. Evidence</p> <p>The following criteria are related to the evidence supporting the recommendations.</p>	<p>To be reported:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk of bias related to the study designs of the supporting evidence <input type="checkbox"/> Consistency of the results (i.e., similarity of results across studies) <input type="checkbox"/> Directness of evidence to the clinical/health problem (i.e., addresses the exact interventions, populations and outcomes of interest) <input type="checkbox"/> Precision of the results (e.g., width of confidence intervals of individual studies or meta-analyses) <input type="checkbox"/> Magnitude of the benefits and harms <input type="checkbox"/> Likelihood of publication bias <input type="checkbox"/> Possibility of confounding variable (if applicable) <input type="checkbox"/> Dose-response gradient (if applicable) 	
<p>2. Applicability to Target Users</p> <p>The following criteria are related to the applicability of the recommendations to target users.</p>	<p>To be considered during development and reporting of the recommendations and supporting text:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A clinical/health problem that is relevant to the intended target users <input type="checkbox"/> Alignment between the target user's scope of practice and targeted patients/populations <input type="checkbox"/> Alignment between the target user's scope of practice and recommended actions <input type="checkbox"/> Alignment between the direction of the recommendations (i.e., in favour of or against a particular action) and the trade-offs between harms and benefits <input type="checkbox"/> Alignment between the definitiveness or strength of the recommendations and the trade-offs between harms and benefits 	
<p>3. Applicability to Patients/Population</p> <p>The following criteria are related to the applicability of the recommendations to patients/populations.</p>	<p>To be reported:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcomes relevant to the targeted patients/populations that were considered in the development of evidence base <input type="checkbox"/> Recommended actions that have the potential to impact outcomes relevant to patients/populations <input type="checkbox"/> How the importance of outcomes to patients was determined <input type="checkbox"/> How to tailor recommendations for application to individual (or subsets of) patients or populations (e.g., based on age, sex, ethnicity, comorbidities) 	

DOMAIN 2: VALUES AND PREFERENCES	
<p>4. Values and Preferences of Target Users</p> <p>The following criteria are related to the target users' values and preferences.</p>	<p>To be reported:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Values and preferences of the target users that were considered in relation to the recommended actions <input type="checkbox"/> Factors related to target user acceptability of the recommended actions that were considered (e.g., the acceptability of learning new clinical skills or the need to adapt current routine) <input type="checkbox"/> Differentiation between recommended actions for which clinical flexibility and individual patient tailoring is more or less appropriate in the decision-making process <input type="checkbox"/> Range of recommended actions that are acceptable in the clinical community, including the preferred option (if relevant), and why it is the preferred choice
<p>5. Values and Preferences of Patients/Population</p> <p>The following criteria are related to the values and preferences of patients/populations.</p>	<p>To be reported:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Values and preferences of the target population (e.g., patients, family, caregivers) that were considered in relation to the recommended actions <input type="checkbox"/> Factors related to patient/population acceptability of the recommended actions that with considered (e.g., motivation, ability to achieve outcomes, expectations, perceived effectiveness) <input type="checkbox"/> Differentiation between recommended actions for which patient choice and/or values are likely to play a large or small part in the decision-making process <input type="checkbox"/> Statement about whether tools for assisting in patient decision-making would be beneficial
<p>6. Values and Preference of Policy/Decision-Makers</p> <p>The following criteria are related to the values and preferences of policy/decision-makers.</p>	<p>To be reported (if applicable):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Needs of policy and decision-makers that were considered in the formulation of the recommendations <input type="checkbox"/> Impacts of the recommendations on policy and system-level decision-making that were considered in the formulation of recommendations <input type="checkbox"/> Impacts of the recommendations on health equities that were considered in the formulation of recommendations <input type="checkbox"/> Description of any required changes to policy to align with the recommendations
<p>7. Values and Preferences of Guideline Developers</p> <p>The following criteria are related to guideline developers' values and preferences and the integration of values and preferences from other stakeholders.</p>	<p>To be reported:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Values and preferences that guideline developers brought to the development process <input type="checkbox"/> How guideline developer values and preferences influenced their interpretation of the balance between benefits and harms <input type="checkbox"/> Methods used to integrate values and preferences, especially when they differ between stakeholders
DOMAIN 3: IMPLEMENTABILITY	

<p>8. Purpose</p> <p>The following criteria are related to the implementation goals and intended impacts of the guideline.</p>	<p>To be considered during the development and reporting of the recommendations and supporting text:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alignment of guideline recommendations with the implementation goals (e.g., for advocacy, policy change) <input type="checkbox"/> Anticipated impacts of recommendation adoption on individuals (e.g., patients, populations, target users), organizations, and/or systems 	
<p>9. Local Application and Adoption</p> <p>The following criteria are related to the local application and adoption of the recommendations.</p>	<p>To be reported:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Types and degree of change required from current practice <input type="checkbox"/> Differentiation between recommendations for which local adaptation may be more or less relevant <input type="checkbox"/> Factors that are important for successful dissemination <input type="checkbox"/> Issues that can influence the adoption of the recommendations and tools and/or advice for implementers, such as: <ul style="list-style-type: none"> ○ Advice on how-to tailor recommendations for the local setting ○ Resources needed to implement the recommendations and their associated costs ○ Economic analysis ○ Required competencies or training to implement recommendations ○ Data required to implement and monitor the adoption of recommended actions ○ Strategies to overcome barriers related to provider acceptability and/or patient/population and/or policy acceptability of the recommended action(s). ○ Criteria that can be used to measure recommendation implementation and quality improvement 	