Det metodiske udgangspunkt for og praktiske tilgang til retningslinjearbejdet fremadrettet

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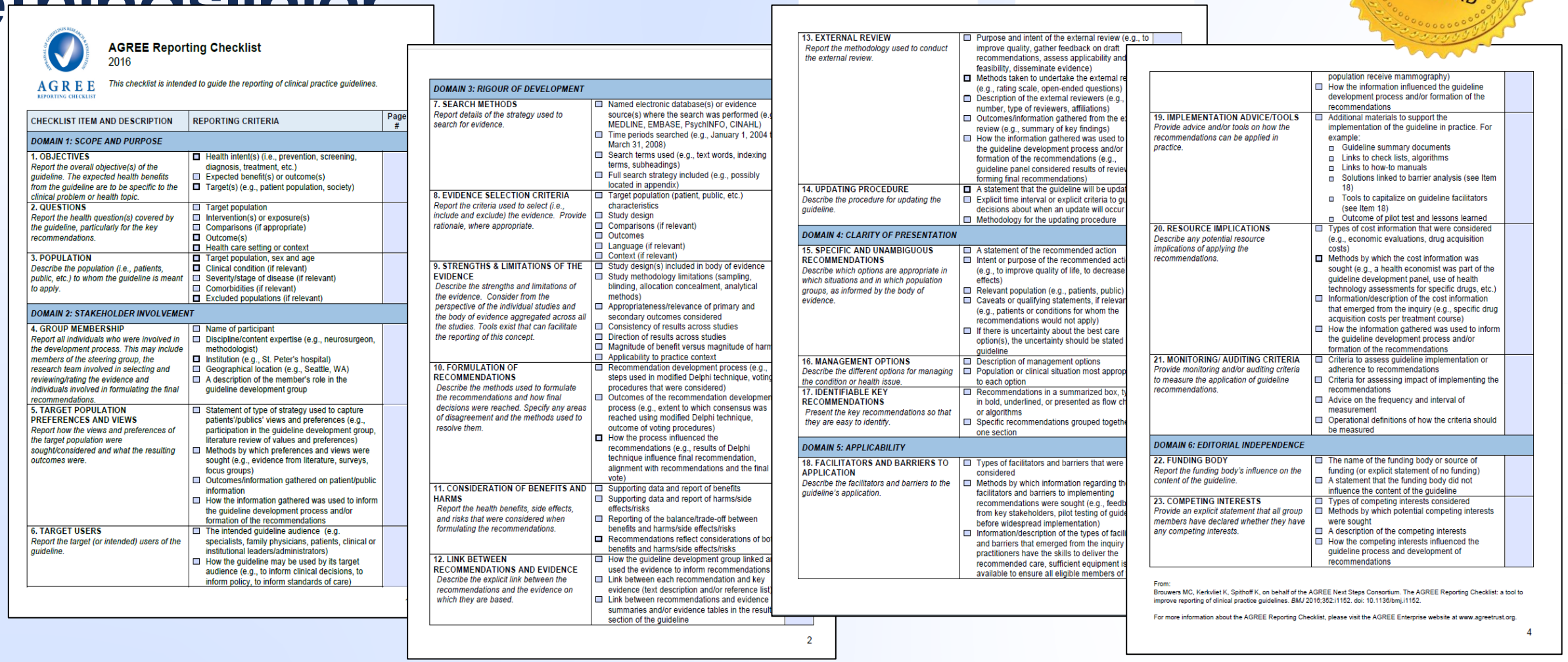
Sundhedsvæsenets Kvalitetsinstitut

Vision er uændret: Højkvalitets retningslinjer



AGREE Reporting Checklist
2016

AGREE REPORTING CHECKLIST

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.*	☐ 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	
6. TARGET USERS *Report the target (or intended) users of the guideline.*	☐ 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	
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 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.*	☐ Target population (patient, public, etc.) characteristics ☐ Study design ☐ 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 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) ☐ 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 bo 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 a 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 result section of the guideline

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13. EXTERNAL REVIEW *Report the methodology used to conduct the external review.*	☐ Purpose and intent of the external review (e.g., to improve quality, gather feedback on draft recommendations, assess applicability and feasibility, disseminate evidence) ☐ Methods taken to undertake the external re (e.g., rating scale, open-ended questions) ☐ Description of the external reviewers (e.g., number, type of reviewers, affiliations) ☐ Outcomes/information gathered from the e review (e.g., summary of key findings) ☐ How the information gathered was used to the guideline development process and/or formation of the recommendations (e.g., guideline panel considered results of revie forming final recommendations)
14. UPDATING PROCEDURE *Describe the procedure for updating the guideline.*	☐ A statement that the guideline will be updat ☐ Explicit time interval or explicit criteria to gu decisions about when an update will occur ☐ Methodology for the updating procedure
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.*	☐ A statement of the recommended action ☐ Intent or purpose of the recommended acti (e.g., to improve quality of life, to decrease effects) ☐ Relevant population (e.g., patients, public) ☐ Caveats or qualifying statements, if relevan (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 guideline
16. MANAGEMENT OPTIONS *Describe the different options for managing the condition or health issue.*	☐ Description of management options ☐ Population or clinical situation most approp to each option
17. IDENTIFIABLE KEY RECOMMENDATIONS *Present the key recommendations so that they are easy to identify.*	☐ Recommendations in a summarized box, t in bold, underlined, or presented as flow ch or algorithms ☐ Specific recommendations grouped togethe one section
DOMAIN 5: APPLICABILITY	
18. FACILITATORS AND BARRIERS TO APPLICATION *Describe the facilitators and barriers to the guideline's application.*	☐ Types of facilitators and barriers that were considered ☐ Methods by which information regarding th facilitators and barriers to implementing recommendations were sought (e.g., feedb from key stakeholders, pilot testing of guide before widespread implementation) ☐ Information/description of the types of facili and barriers that emerged from the inquiry practitioners have the skills to deliver the recommended care, sufficient equipment is available to ensure all eligible members of

	population receive mammography) ☐ How the information influenced the guideline development process and/or formation of the recommendations
19. IMPLEMENTATION ADVICE/TOOLS *Provide advice and/or tools on how the recommendations can be applied in practice.*	☐ 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) ▫ Outcome of pilot test and lessons learned
20. RESOURCE IMPLICATIONS *Describe any potential resource implications of applying the recommendations.*	☐ 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
21. MONITORING/ AUDITING CRITERIA *Provide monitoring and/or auditing criteria to measure the application of guideline recommendations.*	☐ Criteria to assess guideline implementation or adherence to recommendations ☐ Criteria for assessing impact of implementing the 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 *Report the funding body's influence on the content of the guideline.*	☐ The name of the funding body or source of funding (or explicit statement of no funding) ☐ A statement that the funding body did not influence the content of the guideline
23. COMPETING INTERESTS *Provide an explicit statement that all group members have declared whether they have any competing interests.*	☐ 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.

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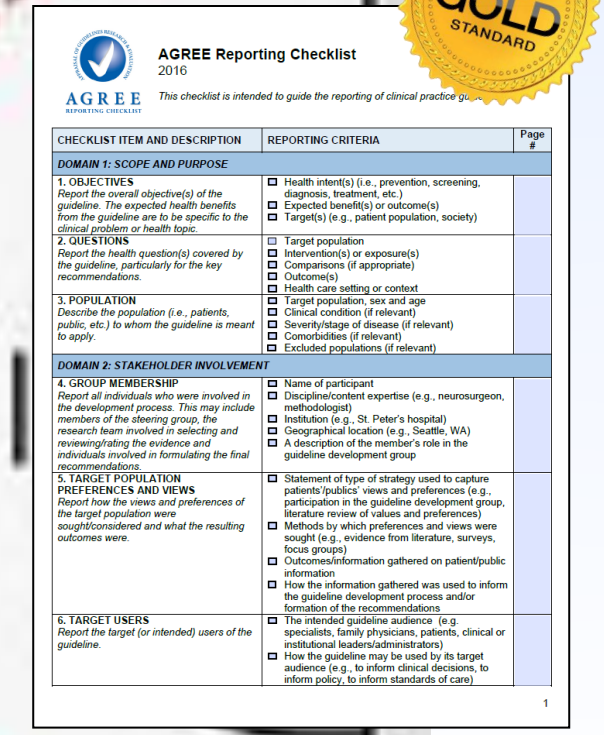
AGREE II (The Appraisal of Guidelines for Research and Evaluation)

Sundhedsvæsenets Kvalitetsinstitut

Vejen dertil: lidt anderledes - trinvis forbedring mod AGREE II standard



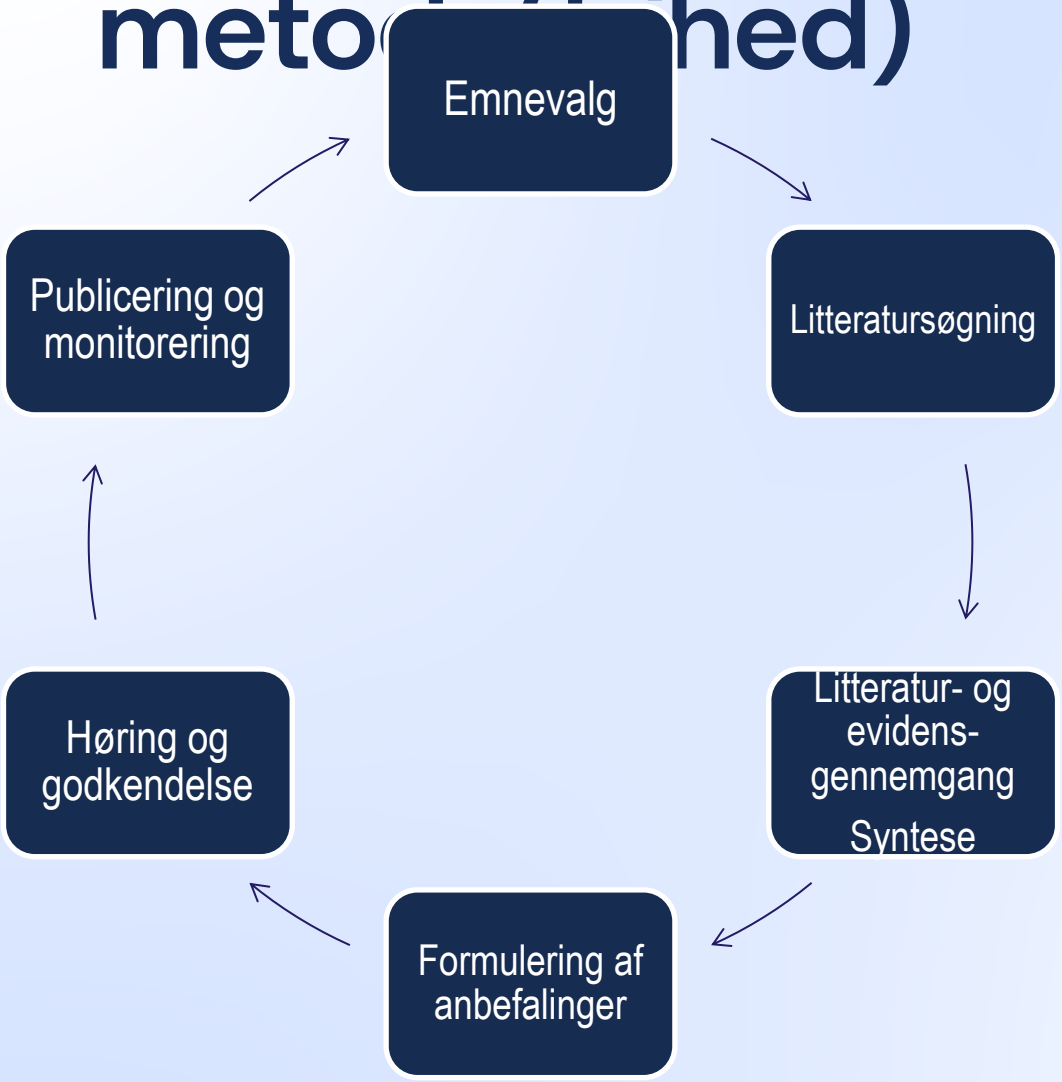
enets
itut

Fælles retningslinjeskabelon

- Titelblad
- Ændringslog
- Anbefalinger i kort form (quick guide)
- Introduktion
- Anbefalinger og litteraturgennemgang, incl 'do-nc
- Referenceliste
- Metodebeskrivelse
- **Sundhedsøkonomiske konsekvenser (skøn)**
- Monitorering
- Implementering
- Bilag
- Om denne kliniske retningslinje: standardtekst

Sundhedsvæsenets Kvalitetsinstitut

Retningslinjeudvikling – metode (fejhed)



Evidensniveauer og styrkegraderinger af anbefalinger

Anbefaling	Evidensniveau	Behandling/forebyggelse	Prognose	Diagnose	Sundhedsøkonomisk analyse
A	1a	Systematisk review eller metaanalyse af homogene randomiserede kontrollerede forsøg.	Systematisk review af prospektive kohorte studier eller en klinisk beslutningsregel der er valideret på en testpopulation.	Systematisk review af homogene niveau 1 diagnostiske studier eller en klinisk beslutningsregel der er valideret på en testpopulation.	Systematisk review af homogene niveau 1 økonomiske studier.
	1b	Randomiseret kontrolleret forsøg.	Prospektivt kohortestudie med > 80% follow-up.	Uafhængig blind sammenligning af konsekutive patienter med relevant klinisk problemstilling, som alle har fået udført både den undersøgte diagnostiske test og reference testen.	Analyse, der sammenligner alle alternative kliniske resultater med hensyn til relevante omkostninger, og som også omfatter en sensitivitetsanalyse med hensyn til variation af klinisk vigtige variable.
	1c	Absolut effekt. ("Alt eller intet")	Absolut effekt ("Alt eller intet")	"Patognomoniske" testresultater.	Klart god eller bedre, men billigere. Klart dårlig eller værre, men dyrere. Klart bedre eller værre, men til samme pris.
B	2a	Systematisk review af homogene kohortestudier.	Systematisk review af homogene retrospektive kohortestudier eller af ubehandlede kontrolgrupper fra randomiserede kontrollerede forsøg.	Systematisk review af homogene niveau 1 og 2 diagnostiske studier.	Systematisk review af homogene niveau 1 og 2 økonomiske studier.
	2b	Kohortestudie.	Retrospektivt kohortestudie eller den ubehandlede kontrolgruppe fra et randomiseret kontrolleret forsøg; eller en klinisk beslutningsregel, som ikke er valideret i en testpopulation.	Uafhængig sammenligning af ikke-konsekutive patienter eller et snævert spektrum af patienter, som alle har fået udført både den undersøgte diagnostiske test og referencetesten; eller en klinisk beslutningsregel, som ikke er valideret i en testpopulation.	Analyse, der sammenligner et mindre antal alternative kliniske resultater med hensyn til relevante omkostninger, og som også omfatter en sensitivitetsanalyse med hensyn til variation af klinisk vigtige variable.
	2c	Databasestudier.	Databasestudier.		
	3a	Systematisk review af case-control undersøgelser.			
	3b	Case-control undersøgelse.		Uafhængig sammenligning af konsekutive patienter med relevant klinisk problemstilling, men hvor ikke alle har fået udført både den undersøgte diagnostiske test og referencetesten.	Analyser uden præcise opgørelser for relevante omkostninger, men som også omfatter en sensitivitetsanalyse med hensyn til variation af klinisk vigtige variable.
C	4	Opgørelser, kasuistikker.	Opgørelser, kasuistikker.	Referencetesten er ikke anvendt blindt og uafhængigt.	Analyse uden sensitivitetsanalyse.
D	5	Ekspertmening uden eksplicit kritisk evaluering, eller baseret på patofysiologi, laboratorieforskning eller tommelfingerregler.	Ekspertmening uden eksplicit kritisk evaluering, eller baseret på patofysiologi, laboratorieforskning eller tommelfingerregler.	Ekspertmening uden eksplicit kritisk evaluering, eller baseret på patofysiologi, laboratorieforskning eller tommelfingerregler.	Ekspertmening uden eksplicit kritisk evaluering, eller baseret økonomisk teori.

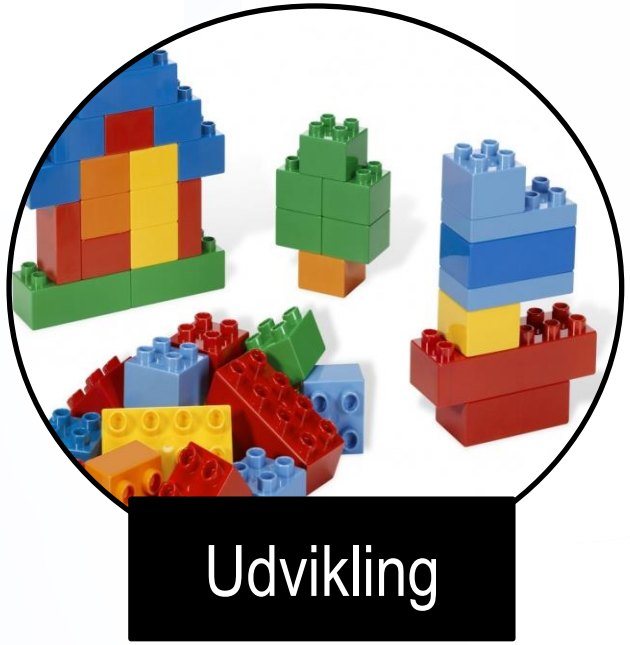
Udarbejdet efter "Oxford Centre for Evidence-Based Medicine Levels of Evidence and Grades of Recommendations" (May 2001) http://www.cebm.net/levels_of_evidence.asp#levels

Tilgang

Hvad passer til jeres situation?

Omlægning

Adaptation



Udvikling

Sundhedsvæsenets Kvalitetsinstitut

Samarbejdet mellem Retningslinjefunktionen og kliniker

Forfattergruppen (primært klinikere) er faglige ejere af retningslinjen

RLF understøtter metodisk og administrativt

Sundhedsvæsenets Kvalitetsinstitut

SundK understøttelse

Sparring/dialog

planlægning/opdatering

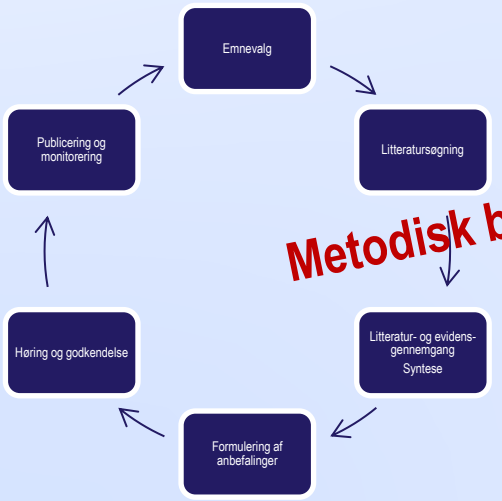
Dansk Sarkom Gruppe (DSG)
Landsdækkende kliniske retningslinjer: Planskema 2025-2027

Kontaktoplysninger på metodekonsulent: Sasja Jul Håkonsen – sashaa@sundk.dk 2478 6241

Retningslinje-titel (senest godkendt, versionsnr.)	Udarbejdes / Revideres			Tovholder
	2025	2026	2027	
Multiple endonkromer og osteokondromer – udredning og opfølgning med henblik på malignisering (130123 version 2.0)		X rev. jan		Bjarne H Hansen, Kolja Weber, Mette L. Harving
Solitære enkondromer og osteokondromer – udredning og opfølgning med henblik på malignisering (130123 versionb 2.0)		X rev. jan		Bjarne H Hansen, Kolja Weber, Mette L. Harving
Radiotherapy of localized soft tissue sarcoma (200125 version 1.3)			X rev. jan	Bodil Engelmann
Perioperativ og pallierende kemoterapi til patienter med knoglederiverede sarkomer (160125 version 3.0)			(X rev. mar. 2028)	Niels Junker, Anders Krarup-Hansen
Pallierende kemoterapi og targeteret behandling til patienter med bløddelssarkom (160125 version 3.0)			X rev. jan	Ninna A. Pedersen, Philip Blach Rossen
Radiotherapy of bone sarcomas – Ewing's tumours (130123 version 2.0)		X rev. jan		Akmal Safwat, Bodil Engelmann
Medicinsk behandling til patienter med Gastrointestinal Stromal Tumor (GIST) (180124 version 2.0)			X rev. jan	Charlotte Brinch, Anders Krarup-Hansen
Kirurgisk behandling af knoglemetastaser – for proximale femur og humerus (211220 version 1.1)	X rev. 080123			Thomas Baad-Hansen, Michael M. Bendtsen
Perioperativ kemoterapi til patienter med bløddelssarkomer – kurativt intenderet behandling (130125 version 1.3)			X rev. jan	Niels Junker, Anders Krarup-Hansen
Kirurgisk behandling af retroperitonealt sarkom (180125 version 1.1)			(X rev. jan 2029)	Kim Predbjørn Krarup

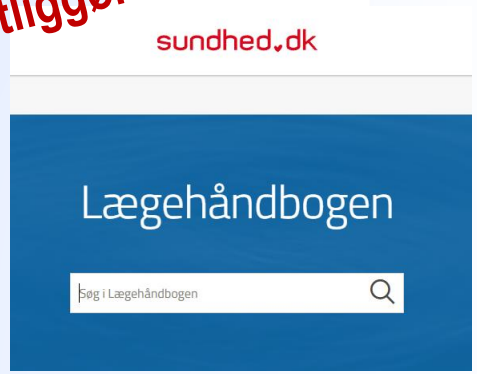
Referencehåndtering

EN
EndNote™



Metodisk bistand

Offentliggørelse



Versionsstyring

Sundhedsvæsenets Kvalitetsinstitut

Metodesparring

- Assistere med systematiske litteratursøgninger
- Angivelse af evidensniveauer [1b] og evidensgraduering af anbefalinger (A)
- Assistere med kritisk vurdering af studier
- Covidence, SharePoint mv...
- Metodisk gennemgang af retningslinjen

Sundhedsvæsenets Kvalitetsinstitut

Forventningsafstemning

Jeres ønsker og behov

Vores muligheder

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