

Independent review feedback

Dr Matthew Roberts - AGREE II Score Sheet

Dr Matthew Roberts BSc, MBBS, PhD, FRACS (Urol) is a Consultant Urologist at the Royal Brisbane and Women's Hospital, Clinician Research Fellow at Metro North Hospital and Health Service, and Group Leader and Associate Profession in the University of Queensland Centre for Clinical Research.

Domain	Item	AGREE II Rating							Comment
		Lowest			Highest				
		1	2	3	4	5	6	7	
Scope and purpose	1. The overall objective(s) of the guideline is (are) specifically described.					x			Not specifically listed. Most relevant is "Purpose" section but could be better highlighted
	2. The health question(s) covered by the guideline is (are) specifically described.							x	Specific questions to inform each section and literature review with recommendations
	3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.							x	Described male patients. Correctly includes variation in gender terminology, a little inconsistent use of terminology throughout guideline
Stakeholder involvement	4. The guideline development group includes individuals from all the relevant professional groups.						x		Good cross section, but details on the content expertise inconsistently provided in Administrative data table. Appendix 1 lists role in each panel/group clearly
	5. The views and preferences of the target population (patients, public, etc.) have been sought.							x	Strong consumer involvement, including multiple aspects of the population (eg. CALD, first nations)
	6. The target users of the guideline are clearly defined.							x	Very clear in the Plain English Summary and elsewhere
Rigor of development	7. Systematic methods were used to search for evidence.							x	Well described in technical report
	8. The criteria for selecting the						x		Well described in technical report. In the guidelines, reliance on RCTs is used in some sections. with

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	evidence are clearly described.								retrospective evidence endorsed in some other sections. Likely reflective of available data, but possible that contributory non-RCT data was not considered in some sections
	9. The strengths and limitations of the body of evidence are clearly described.							x	Risk of bias/quality assessment performed and incorporated into recommendations
	10. The methods for formulating the recommendations are clearly described.					x			Documented well in Technical Report section 2.2 up until 2.2.3.9 - unsure how the Evidence to Decision tables were constructed, what discussions were had, disagreement management etc. (as outlined in User manual)
	11. The health benefits, side effects and risks have been considered in formulating the recommendations.						x		Strong focus on prostate cancer death (very reasonable). Strongly worded to this focus. Suggest further considerations of the risks/downsides (particularly anxiety, suicide etc) of abnormal tests (PSA, MRI), overdiagnosis of ISUP 1 disease +/- ISUP 2 disease in the elderly
	12. There is an explicit link between the recommendations and the supporting evidence.						x		Strong link to evidence base found with the systematic review; some notable omissions from review (eg. Kasivisvanathan et al. PRECISION trial in NEJM; Pokorny et al Eur Urol Australian study)
	13. The guideline has been externally reviewed by experts prior to its publication.							x	Currently undergoing this process, will submit detailed review
	14. A procedure for updating the guideline is provided.			x					Intention to update is outlined but procedure not provided. Included as part of implementation aspect.
Clarity of presentation	15. The recommendations are specific and unambiguous.						x		Agree, some of the content of the recommendations could be ambiguous (eg. subject to clinical assessment- this is a clinical guideline so this terminology could be more specific as to aspects in a clinical assessment that would prompt a change)
	16. The different options for management of the condition or health issue are clearly presented.							x	not really applicable but where multiple options exist (eg. biopsy vs monitoring vs imaging), these are outlined clearly

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	17. Key recommendations are easily identifiable.							x	
Applicability	18. The guideline describes facilitators and barriers to its application.						x		Good summary of these
	19. The guideline provides advice and/or tools on how the recommendations can be put into practice.						x		some applicability issues suggested but ultimately is the subject of future work, pending funding
	20. The potential resource implications of applying the recommendations have been considered.					x			Difficult to find, a figure of 42% increase in prostate cancer related costs is stated. No further expansion that I could find (ie. reduction in use of systemic treatments and associated cost savings, improvement in patient quality of life etc)
	21. The guideline presents monitoring and/ or auditing criteria.						x		Goal to monitor guideline but no specific plan provided (contingent on funding)
Editorial independence	22. The views of the funding body have not influenced the content of the guideline.					x			PCFA vision is for zero prostate cancer deaths. This could influence the heavy emphasis of the guideline on mortality (among this complex disease entity including quality of life and other issues)
	23. Competing interests of guideline development group members have been recorded and addressed.							x	very well done

Overall Guideline Assessment								
Item	Lowest possible quality				Highest possible quality			Comment
	1	2	3	4	5	6	7	
1. Rate the overall quality of this guideline.						x		
2. I would recommend this guideline for use.	Yes		Yes, with modifications			No		<i>Please provide feedback on why you would/would not recommend this guideline for use.</i>
			x					Strong evidence base. Broad panel that constructed the guidelines with wider stakeholder engagement. Applicable to Australian health system/resources. Some over emphasis in some areas that I will provide detailed comments on for consideration of revision.

Thomas Langford-Ely – AGREE II Score Sheet

Dr Thomas Langford-Ely BSc MBBS FRACGP is a General Practitioner with eleven years of experience, and a Fellow of the Royal Australian College of General Practitioners.

Domain	Item	AGREE II Rating							Comment
		Lowest			Highest				
		1	2	3	4	5	6	7	
Scope and purpose	1. The overall objective(s) of the guideline is (are) specifically described.							x	The objectives are clearly articulated and reiterated in multiple sections
	2. The health question(s) covered by the guideline is (are) specifically described.							x	guideline provides a detailed, structured, and transparent articulation of the clinical questions it addresses
	3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.							x	repeatedly explained
Stakeholder involvement	4. The guideline development group includes individuals from all the relevant professional groups.							x	(Nil)
	5. The views and preferences of the target population (patients, public, etc.) have been sought.							x	clear and concise.
	6. The target users of the guideline are clearly defined.							x	(Nil)
Rigor of development	7. Systematic methods were used to search for evidence.						x		
	8. The criteria for selecting the evidence are clearly described.							x	
	9. The strengths and limitations of the body of evidence are clearly described.							x	clearly articulated, use of GRADE method throughout.

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	10. The methods for formulating the recommendations are clearly described.						x		
	11. The health benefits, side effects and risks have been considered in formulating the recommendations.							x	thorough and complete examination and articulation of these factors.
	12. There is an explicit link between the recommendations and the supporting evidence.							x	Directly linked recommendations to their evidence base through structured summaries and GRADE assessments noted throughout.
	13. The guideline has been externally reviewed by experts prior to its publication.						x		obviously this is part of that process. further review as described. some limitation regarding process of review, explicitly outlining affiliations.
	14. A procedure for updating the guideline is provided.							x	
Clarity of presentation	15. The recommendations are specific and unambiguous.							x	
	16. The different options for management of the condition or health issue are clearly presented.							x	clear presentation and unambiguous process and algorithms
	17. Key recommendations are easily identifiable.							x	
Applicability	18. The guideline describes facilitators and barriers to its application.						x		well described and noted.
	19. The guideline provides advice and/or tools on how the recommendations can be put into practice.						x		

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	20. The potential resource implications of applying the recommendations have been considered.					x			I have some concerns unaddressed regarding access to urologist input and pMRI in an equitably timely fashion in resource-poor primary care settings.
	21. The guideline presents monitoring and/ or auditing criteria.						x		
Editorial independence	22. The views of the funding body have not influenced the content of the guideline.							x	clearly expressed
	23. Competing interests of guideline development group members have been recorded and addressed.							x	

Overall Guideline Assessment									
Item	Lowest possible quality					Highest possible quality			
	1	2	3	4	5	6	7		
1. Rate the overall quality of this guideline.							x		
2. I would recommend this guideline for use.	Yes		Yes, with modifications			No		Please provide feedback on why you would/would not recommend this guideline for use.	
			x					Comprehensively considered and thorough. There is clear need for this guideline in clinical practice and greater clarity in this space is welcome.	