

# **APPENDIX A**

## **Methodology Checklist: Guidelines**

<b>MED PROJECT</b>	<b>Methodology Checklist: Guidelines</b>	<b>Number: 1</b>
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> ACR Appropriateness Criteria Left Lower Quadrant pain, 2005, 6 pages, 25 references		
Checklist completed by: Nate Rozeboom		Date: 6/10/09
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>		
<b>To what extent is there</b>		<b>Assessment/Comments:</b>
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>• A. Systematic literature search</li> <li>• B. Study selection criteria clearly described</li> <li>• C. Quality of individual studies and overall strength of the evidence assessed</li> <li>• D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	GOOD      FAIR <b><u>POOR</u></b> A. Electronic databases. None mentioned. Total number of source documents not known B. Not clear C. Not ratings scheme mentioned D. No
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>• A. Methods for developing recommendations clearly described</li> <li>• B. Benefits/side effects/risks considered</li> <li>• C. External review</li> </ul>	GOOD <b><u>FAIR</u></b> POOR A. Delphi Method. Expert panelists vote using scoring system 1-9 from least to most appropriate B. Yes C. Internal peer review only
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>• A. Independence from funding source</li> <li>• B. Member conflict of interest identified</li> </ul>	GOOD      FAIR <b><u>POOR</u></b> A. Funded by ACR. Sources not disclosed B. Includes statement that No conflicts of Interest exist; COI not defined
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>		
<b>SECTION 2: SECONDARY CRITERIA</b>		
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>• Objectives described</li> <li>• Clinical questions described</li> <li>• Patients/population specified</li> </ul>	GOOD      FAIR      POOR
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>• Relevant professional groups represented</li> <li>• Patients' views and preferences sought</li> <li>• Target users defined</li> <li>• Pilot tested among target users</li> </ul>	GOOD      FAIR      POOR

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>	<b>Methodology Checklist: Guidelines</b>	<b>Number: 2</b>
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> ACR, Appropriateness Criteria: Renal Trauma, 2007, 4 pages, 24 references		
Checklist completed by: Nate Rozeboom		Date: 6/15/09
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>		
<b>To what extent is there</b>		<b>Assessment/Comments:</b>
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>• A. Systematic literature search</li> <li>• B. Study selection criteria clearly described</li> <li>• C. Quality of individual studies and overall strength of the evidence assessed</li> <li>• D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	GOOD      FAIR <b><u>POOR</u></b> A. Literature searches completed. No specific databases or systematic method listed. B. No C. No D. No
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>• A. Methods for developing recommendations clearly described</li> <li>• B. Benefits/side effects/risks considered</li> <li>• C. External review</li> </ul>	GOOD <b><u>FAIR</u></b> POOR A. Delphi method. Unsure to what extent the raters utilize the evidence. B. Yes C. No
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>• A. Independence from funding source</li> <li>• B. Member conflict of interest identified</li> </ul>	GOOD      FAIR <b><u>POOR</u></b> A. Funded by ACR. Sources not disclosed B. Includes statement that No conflicts of Interest exist; COI not defined
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>		
<b>SECTION 2: SECONDARY CRITERIA</b>		
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>• A. Objectives described</li> <li>• B. Clinical questions described</li> <li>• C. Patients/population specified</li> </ul>	GOOD      FAIR      POOR
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>• A. Relevant professional groups represented</li> <li>• B. Patients' views and preferences sought</li> <li>• C. Target users defined</li> <li>• D. Pilot tested among target users</li> </ul>	GOOD      FAIR      POOR

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SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>	<b>Methodology Checklist: Guidelines</b>	<b>Number: 3</b>			
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> American Academy of Neurology, Headache;Non-acute, updated 2000. 43 pages Including guidelines and methodology.					
MED Topic:		Key Question No.(s), if applicable:			
Checklist completed by: Nathan Rozeboom		Date: 6/8/09			
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>					
<i>To what extent is there</i>	<i>Assessment/Comments</i>				
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>• A. Systematic literature search</li> <li>• B. Study selection criteria clearly described</li> <li>• C. Quality of individual studies and overall strength of the evidence assessed</li> <li>• D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>GOOD</u></td> <td style="text-align: center;">FAIR</td> <td style="text-align: center;">POOR</td> </tr> </table> <p>A. Yes, including Medline, PsycINFO, and CINAHL B. Inclusion and exclusion criteria clearly described C. Evidence graded A through C with A the strongest and C referring to the absence of randomized control trials. D. Recommendations are clearly marked using the above mentioned grading system.</p>	<u>GOOD</u>	FAIR	POOR
<u>GOOD</u>	FAIR	POOR			
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>• A. Methods for developing recommendations clearly described</li> <li>• B. Benefits/side effects/risks considered</li> <li>• C. External review</li> </ul>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>GOOD</u></td> <td style="text-align: center;">FAIR</td> <td style="text-align: center;">POOR</td> </tr> </table> <p>A. Yes, a subgroup developed recommendations then voted on by entire US Headache Consortium B. Yes C. There was external review with the HA consortium responding to all questions from reviewers</p>	<u>GOOD</u>	FAIR	POOR
<u>GOOD</u>	FAIR	POOR			
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>• A. Independence from funding source</li> <li>• B. Member conflict of interest identified</li> </ul>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">GOOD</td> <td style="text-align: center;"><u>FAIR</u></td> <td style="text-align: center;">POOR</td> </tr> </table> <p>A. Multiple funding sources noted, many Pharma B. No specific statement</p>	GOOD	<u>FAIR</u>	POOR
GOOD	<u>FAIR</u>	POOR			
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>					
<b>SECTION 2: SECONDARY CRITERIA</b>					
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>• Objectives described</li> <li>• Clinical questions described</li> <li>• Patients/population specified</li> </ul>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">GOOD</td> <td style="text-align: center;">FAIR</td> <td style="text-align: center;">POOR</td> </tr> </table>	GOOD	FAIR	POOR
GOOD	FAIR	POOR			
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>• Relevant professional groups represented</li> <li>• Patients' views and preferences sought</li> <li>• Target users defined</li> <li>• Pilot tested among target users</li> </ul>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">GOOD</td> <td style="text-align: center;">FAIR</td> <td style="text-align: center;">POOR</td> </tr> </table>	GOOD	FAIR	POOR
GOOD	FAIR	POOR			

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SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>	<b>Methodology Checklist: Guidelines</b>	<b>Number: 4</b>		
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> ACR- Headache, updated in 2006, 8 pages with 48 references				
MED Topic:		Key Question No.(s), if applicable:		
Checklist completed by: Nathan Rozeboom			Date: 6/8/09	
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>				
<b>To what extent is there</b>		<b>Assessment/Comments:</b>		
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>A. Systematic literature search</li> <li>B. Study selection criteria clearly described</li> <li>C. Quality of individual studies and overall strength of the evidence assessed</li> <li>D. Explicit link between evidence &amp; recommendations</li> </ul> <i>(If any of the above are missing, rate as poor)</i>	GOOD	FAIR	<b><u>POOR</u></b>
		A. Various studies mentioned but unsure how these were found. A lit search of peer-reviewed medical journals is conducted according to general background and development information. B. Not at all C. No, not for any of the ACR Appropriateness criteria D. No explicit link		
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>A. Methods for developing recommendations clearly described</li> <li>B. Benefits/side effects/risks considered</li> <li>C. External review</li> </ul>	GOOD	<b><u>FAIR</u></b>	POOR
		A. Delphi Method used for all criteria. Surveys given to various experts but unclear how they reach conclusion. Group consensus techniques applied if Delphi method in conclusive. B. Yes, this is discussed, although not clearly C. No apparent external review		
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>A. Independence from funding source</li> <li>B. Member conflict of interest identified</li> </ul>	GOOD	FAIR	<b><u>POOR</u></b>
		A. Funded by the ACR B. No conflicts of Interest Stated		
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>				
<b>SECTION 2: SECONDARY CRITERIA</b>				
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>Objectives described</li> <li>Clinical questions described</li> <li>Patients/population specified</li> </ul>	GOOD	FAIR	POOR
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>Relevant professional groups represented</li> <li>Patients' views and preferences sought</li> <li>Target users defined</li> <li>Pilot tested among target users</li> </ul>	GOOD	FAIR	POOR

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SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

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**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>		<b>Methodology Checklist: Guidelines</b>			<b>Number: 5</b>		
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> American College of Emergency Physicians, Neuro imaging and decision making in adult mild traumatic brain injury in the acute setting, 2008, 34 pages,							
Checklist completed by: Nate Rozeboom					Date: 6/15/09		
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>							
<b>To what extent is there</b>				<b>Assessment/Comments:</b>			
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>A. Systematic literature search</li> <li>B. Study selection criteria clearly described</li> <li>C. Quality of individual studies and overall strength of the evidence assessed</li> <li>D. Explicit link between evidence &amp; recommendations</li> </ul> <i>(If any of the above are missing, rate as poor)</i>			<u>GOOD</u>	FAIR	POOR	
				A. Yes			
				B. Yes			
				C. Yes, ratings scheme given			
				D. Yes			
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>A. Methods for developing recommendations clearly described</li> <li>B. Benefits/side effects/risks considered</li> <li>C. External review</li> </ul>			<u>GOOD</u>	FAIR	POOR	
				A. Yes. Expert panel review and consensus			
				B. Yes			
				C. Yes			
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>A. Independence from funding source</li> <li>B. Member conflict of interest identified</li> </ul>			<u>GOOD</u>	FAIR	POOR	
				A. Yes			
				B. Yes			
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>							
<b>SECTION 2: SECONDARY CRITERIA</b>							
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>A. Objectives described</li> <li>B. Clinical questions described</li> <li>C. Patients/population specified</li> </ul>			<u>GOOD</u>	FAIR	POOR	
				A. Yes			
				B. Yes			
				C. Yes			
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>A. Relevant professional groups represented</li> <li>B. Patients' views and preferences sought</li> <li>C. Target users defined</li> <li>D. Pilot tested among target users</li> </ul>			GOOD	<u>FAIR</u>	POOR	
				A. Yes			
				B. No			
				C. Yes			
				D. No			

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SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
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**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>	<b>Methodology Checklist: Guidelines</b>	<b>Number: 6</b>
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> Scottish intercollegiate Guidelines Network, Diagnosis and Management of headache in Adults, 2008, 81 pages, 274 references		
Checklist completed by: Nate Rozeboom		Date: 6/15/09
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>		
<b>To what extent is there</b>		<b>Assessment/Comments:</b>
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>• A. Systematic literature search</li> <li>• B. Study selection criteria clearly described</li> <li>• C. Quality of individual studies and overall strength of the evidence assessed</li> <li>• D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	<u>GOOD</u> FAIR      POOR A. Yes B. Yes C. Yes, ratings scheme included D. Yes
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>• A. Methods for developing recommendations clearly described</li> <li>• B. Benefits/side effects/risks considered</li> <li>• C. External review</li> </ul>	<u>GOOD</u> FAIR      POOR A. Yes. Method called "considered judgment" B. Yes C. Yes
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>• A. Independence from funding source</li> <li>• B. Member conflict of interest identified</li> </ul>	<u>GOOD</u> FAIR      POOR A. Yes B. Yes
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>		
<b>SECTION 2: SECONDARY CRITERIA</b>		
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>• A. Objectives described</li> <li>• B. Clinical questions described</li> <li>• C. Patients/population specified</li> </ul>	GOOD <u>FAIR</u> POOR A. Yes B. No C. Yes
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>• A. Relevant professional groups represented</li> <li>• B. Patients' views and preferences sought</li> <li>• C. Target users defined</li> <li>• D. Pilot tested among target users</li> </ul>	GOOD <u>FAIR</u> POOR A. Yes B. Yes C. Yes D. No

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>	<b>Methodology Checklist: Guidelines</b>	<b>Number: 7</b>
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> European Federation of Neurological Societies, Diagnosis and Treatment of Brain metastases, 2000, 44 references		
Checklist completed by:		Date:
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>		
<b>To what extent is there</b>		<b>Assessment/Comments:</b>
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>• A. Systematic literature search</li> <li>• B. Study selection criteria clearly described</li> <li>• C. Quality of individual studies and overall strength of the evidence assessed</li> <li>• D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	<b><u>GOOD</u></b> FAIR      POOR A. Yes B. Yes C. Yes, ratings scheme included D. Yes
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>• A. Methods for developing recommendations clearly described</li> <li>• B. Benefits/side effects/risks considered</li> <li>• C. External review</li> </ul>	<b><u>GOOD</u></b> FAIR      POOR A. Yes B. Yes C. Yes
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>• A. Independence from funding source</li> <li>• B. Member conflict of interest identified</li> </ul>	GOOD <b><u>FAIR</u></b> POOR A. Funding by European Federation of Neurological Societies. Sources not disclosed B. Yes
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>		
<b>SECTION 2: SECONDARY CRITERIA</b>		
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>• A. Objectives described</li> <li>• B. Clinical questions described</li> <li>• C. Patients/population specified</li> </ul>	GOOD      FAIR      POOR
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>• A. Relevant professional groups represented</li> <li>• B. Patients' views and preferences sought</li> <li>• C. Target users defined</li> <li>• D. Pilot tested among target users</li> </ul>	GOOD      FAIR      POOR

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

MED PROJECT	Methodology Checklist: Guidelines	Number: #8
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> New Zealand Guidelines Group (NZGG), Traumatic Brain Injury: diagnosis, acute management and rehabilitation Brain MRI/CT		
Checklist completed by: Nate Rozeboom		Date: 6/16/09
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>		
<i>To what extent is there</i>	<i>Assessment/Comments:</i>	
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>• A. Systematic literature search</li> <li>• B. Study selection criteria clearly described</li> <li>• C. Quality of individual studies and overall strength of the evidence assessed</li> <li>• D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	<u>GOOD</u> FAIR      POOR A. Yes B. Yes C. Yes D. Yes
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>• A. Methods for developing recommendations clearly described</li> <li>• B. Benefits/side effects/risks considered</li> <li>• C. External review</li> </ul>	<u>GOOD</u> FAIR      POOR A. Yes B. Yes C. Yes
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>• A. Independence from funding source</li> <li>• B. Member conflict of interest identified</li> </ul>	<u>GOOD</u> FAIR      POOR A. Yes B. Yes
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>		
<b>SECTION 2: SECONDARY CRITERIA</b>		
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>• A. Objectives described</li> <li>• B. Clinical questions described</li> <li>• C. Patients/population specified</li> </ul>	GOOD      FAIR      POOR
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>• A. Relevant professional groups represented</li> <li>• B. Patients' views and preferences sought</li> <li>• C. Target users defined</li> <li>• D. Pilot tested among target users</li> </ul>	GOOD      FAIR      POOR

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>	<b>Methodology Checklist: Guidelines</b>	<b>Number: 9</b>
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> American College of Cardiology, Appropriateness Criteria for Single-Photon Emission Tomography Myocardial Perfusion Imaging (SPECT MPI) 2005, 19 pages. 18 references		
Checklist completed by: Nate Rozeboom		Date: 6/11/09
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>		
<b>To what extent is there</b>		<b>Assessment/Comments:</b>
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>• A. Systematic literature search</li> <li>• B. Study selection criteria clearly described</li> <li>• C. Quality of individual studies and overall strength of the evidence assessed</li> <li>• D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	GOOD      FAIR <b><u>POOR</u></b> A. Literature search was completed. Specific databases not mentioned. Unclear if actual raters used any of this research. B. No C. No D. No
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>• A. Methods for developing recommendations clearly described</li> <li>• B. Benefits/side effects/risks considered</li> <li>• C. External review</li> </ul>	GOOD <b><u>FAIR</u></b> POOR A. Yes. Delphi Technique used. Clear rating scheme B. Yes C. An external review performed by a reviewer in the field of Nuclear Cardiology
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>• A. Independence from funding source</li> <li>• B. Member conflict of interest identified</li> </ul>	GOOD <b><u>FAIR</u></b> POOR A. No funding statement B. Yes
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>		
<b>SECTION 2: SECONDARY CRITERIA</b>		
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>• A. Objectives described</li> <li>• B. Clinical questions described</li> <li>• C. Patients/population specified</li> </ul>	GOOD      FAIR      POOR
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>• A. Relevant professional groups represented</li> <li>• B. Patients' views and preferences sought</li> <li>• C. Target users defined</li> <li>• D. Pilot tested among target users</li> </ul>	GOOD      FAIR      POOR

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>	<b>Methodology Checklist: Guidelines</b>	<b>Number: 10</b>
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> AHA, American Stroke Association Stroke Council, Clinical Cardiology Council, Cardiovascular Radiology and Intervention Council etc. Early Management of adults with ischemic stroke, 2007, 60 pages, 738 references		
Checklist completed by: Nate Rozeboom		Date: 6/15/09
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>		
<b>To what extent is there</b>		<b>Assessment/Comments:</b>
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>• A. Systematic literature search</li> <li>• B. Study selection criteria clearly described</li> <li>• C. Quality of individual studies and overall strength of the evidence assessed</li> <li>• D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	GOOD      FAIR <b><u>POOR</u></b> A. Electronic databases searched. None mentioned B. No C. Yes D. Yes
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>• A. Methods for developing recommendations clearly described</li> <li>• B. Benefits/side effects/risks considered</li> <li>• C. External review</li> </ul>	GOOD <b><u>FAIR</u></b> POOR A. Expert Panel Review B. Yes C. No
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>• A. Independence from funding source</li> <li>• B. Member conflict of interest identified</li> </ul>	GOOD <b><u>FAIR</u></b> POOR A. Funded by AHA. B. Yes
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>		
<b>SECTION 2: SECONDARY CRITERIA</b>		
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>• A. Objectives described</li> <li>• B. Clinical questions described</li> <li>• C. Patients/population specified</li> </ul>	GOOD      FAIR      POOR
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>• A. Relevant professional groups represented</li> <li>• B. Patients' views and preferences sought</li> <li>• C. Target users defined</li> <li>• D. Pilot tested among target users</li> </ul>	GOOD      FAIR      POOR

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

MED PROJECT	Methodology Checklist: Guidelines	Number: 11
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> European Society of Cardiology, Diagnosis and Treatment of Chronic Heart Failure, 2005, 45 pages, 358 references		
Checklist completed by: Nate Rozeboom		Date: 6/15/09
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>		
<i>To what extent is there</i>		<i>Assessment/Comments:</i>
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>• A. Systematic literature search</li> <li>• B. Study selection criteria clearly described</li> <li>• C. Quality of individual studies and overall strength of the evidence assessed</li> <li>• D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	GOOD      FAIR <b><u>POOR</u></b> A. Yes, number of source documents not stated B. No C. Yes, ratings scheme included D. Yes
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>• A. Methods for developing recommendations clearly described</li> <li>• B. Benefits/side effects/risks considered</li> <li>• C. External review</li> </ul>	GOOD <b><u>FAIR</u></b> POOR A. Expert consensus, not clearly described B. Yes C. Yes
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>• A. Independence from funding source</li> <li>• B. Member conflict of interest identified</li> </ul>	GOOD <b><u>FAIR</u></b> POOR A. Funded by European Society of Cardiology. Sources not disclosed. B. Yes
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>		
<b>SECTION 2: SECONDARY CRITERIA</b>		
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>• A. Objectives described</li> <li>• B. Clinical questions described</li> <li>• C. Patients/population specified</li> </ul>	GOOD <b><u>FAIR</u></b> POOR A. Yes B. No C. Yes
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>• A. Relevant professional groups represented</li> <li>• B. Patients' views and preferences sought</li> <li>• C. Target users defined</li> <li>• D. Pilot tested among target users</li> </ul>	GOOD      FAIR <b><u>POOR</u></b> A. Not clear B. No C. Yes D. No

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

MED PROJECT		Methodology Checklist: Guidelines			Number: 12		
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> ACC/AHA Diagnosis and Management of chronic heart failure in the adult. 2005, 82 pages, 694 references							
Checklist completed by: Nate Rozeboom					Date: 6/15/09		
SECTION 1: PRIMARY CRITERIA <sup>1</sup>							
To what extent is there				Assessment/Comments:			
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>A. Systematic literature search</li> <li>B. Study selection criteria clearly described</li> <li>C. Quality of individual studies and overall strength of the evidence assessed</li> <li>D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>			GOOD	FAIR	<b><u>POOR</u></b>	
				A. Yes			
				B. Unclear			
				C. Yes			
				D. Yes			
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>A. Methods for developing recommendations clearly described</li> <li>B. Benefits/side effects/risks considered</li> <li>C. External review</li> </ul>			<b><u>GOOD</u></b>	FAIR	POOR	
				A. Yes			
				B. Yes			
				C. Yes			
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>A. Independence from funding source</li> <li>B. Member conflict of interest identified</li> </ul>			GOOD	<b><u>FAIR</u></b>	POOR	
				A. Funded by ACC/AHA. Sources not disclosed			
				B. Yes			
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>							
SECTION 2: SECONDARY CRITERIA							
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>A. Objectives described</li> <li>B. Clinical questions described</li> <li>C. Patients/population specified</li> </ul>			GOOD	<b>FAIR</b>	POOR	
				A. Yes			
				B. No			
				C. Yes			
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>A. Relevant professional groups represented</li> <li>B. Patients' views and preferences sought</li> <li>C. Target users defined</li> <li>D. Pilot tested among target users</li> </ul>			GOOD	<b>FAIR</b>	POOR	
				A. Yes			
				B. No			
				C. Yes			
				D. No			

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>	<b>Methodology Checklist: Guidelines</b>	<b>Number: 13</b>
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> National Heart Foundation of Australia, Cardiac Society of Australia and New Zealand: Guidelines for prevention, detection and management of chronic heart failure in Australia, 2006, 79 pages, 335 references		
Checklist completed by: Nate Rozeboom		Date: 6/16/09
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>		
<b>To what extent is there</b>		<b>Assessment/Comments:</b>
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>• A. Systematic literature search</li> <li>• B. Study selection criteria clearly described</li> <li>• C. Quality of individual studies and overall strength of the evidence assessed</li> <li>• D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	GOOD      FAIR <b><u>POOR</u></b>  A. Not stated B. No C. Yes, ratings scheme included D. Yes
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>• A. Methods for developing recommendations clearly described</li> <li>• B. Benefits/side effects/risks considered</li> <li>• C. External review</li> </ul>	GOOD      FAIR <b><u>POOR</u></b>  A. Not stated B. Yes C. Peer review but not stated how
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>• A. Independence from funding source</li> <li>• B. Member conflict of interest identified</li> </ul>	<b><u>GOOD</u></b> FAIR      POOR  A. Yes B. Yes
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>		
<b>SECTION 2: SECONDARY CRITERIA</b>		
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>• A. Objectives described</li> <li>• B. Clinical questions described</li> <li>• C. Patients/population specified</li> </ul>	GOOD      FAIR      POOR
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>• A. Relevant professional groups represented</li> <li>• B. Patients' views and preferences sought</li> <li>• C. Target users defined</li> <li>• D. Pilot tested among target users</li> </ul>	GOOD      FAIR      POOR

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>		<b>Methodology Checklist: Guidelines</b>	<b>Number: 14</b>		
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> ACR chronic neck pain, 2205, 7 pages, 21 references					
Checklist completed by: Nate Rozeboom				Date: 6/11/09	
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>					
<i>To what extent is there</i>			<i>Assessment/Comments:</i>		
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>A. Systematic literature search</li> <li>B. Study selection criteria clearly described</li> <li>C. Quality of individual studies and overall strength of the evidence assessed</li> <li>D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>		GOOD	FAIR	<b><u>POOR</u></b>
			A. Literature searches completed. No specific databases or systematic method listed. B. No C. No D. No		
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>A. Methods for developing recommendations clearly described</li> <li>B. Benefits/side effects/risks considered</li> <li>C. External review</li> </ul>		GOOD	<b><u>FAIR</u></b>	POOR
			A. Delphi Method. Unsure to what extent the raters utilize the evidence. B. Benefits mentioned. Risks or side effects are not C. No		
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>A. Independence from funding source</li> <li>B. Member conflict of interest identified</li> </ul>		GOOD	FAIR	<b><u>POOR</u></b>
			A. Funded by ACR. Sources not disclosed B. Includes statement that No conflicts of Interest exist; COI not defined.		
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>					
<b>SECTION 2: SECONDARY CRITERIA</b>					
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>A. Objectives described</li> <li>B. Clinical questions described</li> <li>C. Patients/population specified</li> </ul>		GOOD	FAIR	POOR
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>A. Relevant professional groups represented</li> <li>B. Patients' views and preferences sought</li> <li>C. Target users defined</li> <li>D. Pilot tested among target users</li> </ul>		GOOD	FAIR	POOR

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>		<b>Methodology Checklist: Guidelines</b>		<b>Number: 15</b>	
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> Work Loss Data Institute: Neck and Upper back (acute & chronic) 2008, 283 pages, 329 references					
Checklist completed by: Nate Rozeboom				Date: 6/15/09	
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>					
<i>To what extent is there</i>			<i>Assessment/Comments:</i>		
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>A. Systematic literature search</li> <li>B. Study selection criteria clearly described</li> <li>C. Quality of individual studies and overall strength of the evidence assessed</li> <li>D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	<u>GOOD</u>	FAIR	POOR	A. Yes B. Yes C. Yes, ratings scheme given D. Yes
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>A. Methods for developing recommendations clearly described</li> <li>B. Benefits/side effects/risks considered</li> <li>C. External review</li> </ul>	GOOD	<u>FAIR</u>	POOR	A. No. Very vague B. Yes C. Yes
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>A. Independence from funding source</li> <li>B. Member conflict of interest identified</li> </ul>	<u>GOOD</u>	FAIR	POOR	A. Yes B. Yes
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>					
<b>SECTION 2: SECONDARY CRITERIA</b>					
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>A. Objectives described</li> <li>B. Clinical questions described</li> <li>C. Patients/population specified</li> </ul>	GOOD	<u>FAIR</u>	POOR	A. Yes B. No C. Yes
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>A. Relevant professional groups represented</li> <li>B. Patients' views and preferences sought</li> <li>C. Target users defined</li> <li>D. Pilot tested among target users</li> </ul>	<u>GOOD</u>	FAIR	POOR	A. Yes B. Yes C. Yes D. Unclear

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

MED PROJECT		Methodology Checklist: Guidelines			Number: 16		
Guideline citation (Include name of organization, title, year of publication, journal title, pages)							
Canadian Protective Chiropractic Association, Diagnostic Imaging practice guidelines for musculoskeletal complaints in adults, and evidence-based approach. Part 1. Lower extremity disorders, 2007, 34 pages							
Checklist completed by: Nate Rozeboom					Date: 6/15/09		
SECTION 1: PRIMARY CRITERIA <sup>1</sup>							
To what extent is there				Assessment/Comments:			
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>A. Systematic literature search</li> <li>B. Study selection criteria clearly described</li> <li>C. Quality of individual studies and overall strength of the evidence assessed</li> <li>D. Explicit link between evidence &amp; recommendations</li> </ul> <p>(If any of the above are missing, rate as poor)</p>			GOOD	FAIR	<b><u>POOR</u></b>	
				A. Yes	B. No		
				C. Yes, ratings scheme included			
				D. Yes			
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>A. Methods for developing recommendations clearly described</li> <li>B. Benefits/side effects/risks considered</li> <li>C. External review</li> </ul>			GOOD	<b><u>FAIR</u></b>	POOR	
				A. Yes, Delphi Method			
				B. Yes			
				C. No			
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>A. Independence from funding source</li> <li>B. Member conflict of interest identified</li> </ul>			GOOD	<b><u>FAIR</u></b>	POOR	
				A. No			
				B. Yes			
If any of three primary criteria are rated poor, the entire guideline should be rated poor.							
SECTION 2: SECONDARY CRITERIA							
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>A. Objectives described</li> <li>B. Clinical questions described</li> <li>C. Patients/population specified</li> </ul>			GOOD	<b><u>FAIR</u></b>	POOR	
				A. Yes			
				B. No			
				C. Yes			
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>A. Relevant professional groups represented</li> <li>B. Patients' views and preferences sought</li> <li>C. Target users defined</li> <li>D. Pilot tested among target users</li> </ul>			<b><u>GOOD</u></b>	FAIR	POOR	
				A. Yes			
				B. Yes			
				C. Yes			
				D. Yes			

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>	<b>Methodology Checklist: Guidelines</b>	<b>Number: 17</b>
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> ACR Acute Trauma to the Knee, 2005, 9 pages, 97 references		
Checklist completed by: Nate Rozeboom		Date: 6/11/09
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>		
<i>To what extent is there</i>		<i>Assessment/Comments:</i>
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>• A. Systematic literature search</li> <li>• B. Study selection criteria clearly described</li> <li>• C. Quality of individual studies and overall strength of the evidence assessed</li> <li>• D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	GOOD      FAIR <b><u>POOR</u></b> A. Literature searches completed. No specific databases or systematic method listed. B. No C. No D. No
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>• A. Methods for developing recommendations clearly described</li> <li>• B. Benefits/side effects/risks considered</li> <li>• C. External review</li> </ul>	GOOD <b><u>FAIR</u></b> POOR A. Delphi method. Unsure to what extent the raters utilize the evidence. B. Yes C. No
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>• A. Independence from funding source</li> <li>• B. Member conflict of interest identified</li> </ul>	GOOD      FAIR <b><u>POOR</u></b> A. Funded by ACR. Sources not disclosed B. Includes statement that No conflicts of Interest exist; COI not defined
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>		
<b>SECTION 2: SECONDARY CRITERIA</b>		
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>• A. Objectives described</li> <li>• B. Clinical questions described</li> <li>• C. Patients/population specified</li> </ul>	GOOD      FAIR      POOR
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>• A. Relevant professional groups represented</li> <li>• B. Patients' views and preferences sought</li> <li>• C. Target users defined</li> <li>• D. Pilot tested among target users</li> </ul>	GOOD      FAIR      POOR

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>		<b>Methodology Checklist: Guidelines</b>	<b>Number: 18</b>
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> American Academy of Orthopaedic Surgeons, Treatment of Osteoarthritis of the Knee, 2008, 278 pages, 111 references			
Checklist completed by: Nate Rozeboom			Date: 6/12/09
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>			
<i>To what extent is there</i>		<i>Assessment/Comments:</i>	
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>A. Systematic literature search</li> <li>B. Study selection criteria clearly described</li> <li>C. Quality of individual studies and overall strength of the evidence assessed</li> <li>D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	<p style="text-align: center;"><u>GOOD</u>      FAIR      POOR</p> <p>A. Yes, Cochrane database and PubMed up until Feb,22 2008. B. Yes. Listed in Appendix III. C. Yes. Ratings scheme shown in Appendix V. D. Yes. Clear link with use of ratings scheme.</p>	
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>A. Methods for developing recommendations clearly described</li> <li>B. Benefits/side effects/risks considered</li> <li>C. External review</li> </ul>	<p style="text-align: center;"><u>GOOD</u>      FAIR      POOR</p> <p>A. Yes. Nominal group technique was utilized. B. Yes C. Yes. Outside expert advisory panel utilized.</p>	
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>A. Independence from funding source</li> <li>B. Member conflict of interest identified</li> </ul>	<p style="text-align: center;">GOOD      <u>FAIR</u>      POOR</p> <p>A. No funding source found. B. Yes.</p>	
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>			
<b>SECTION 2: SECONDARY CRITERIA</b>			
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>A. Objectives described</li> <li>B. Clinical questions described</li> <li>C. Patients/population specified</li> </ul>	<p style="text-align: center;">GOOD      FAIR      POOR</p> <p>A. Clear Objectives and goals B. No specific question C. Yes</p>	
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>A. Relevant professional groups represented</li> <li>B. Patients' views and preferences sought</li> <li>C. Target users defined</li> <li>D. Pilot tested among target users</li> </ul>	<p style="text-align: center;">GOOD      FAIR      POOR</p> <p>A. Yes B. Not specifically but there is a public commentary period C. Yes D. No</p>	

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>		<b>Methodology Checklist: Guidelines</b>			<b>Number: 19</b>		
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> University of Michigan Health System, Knee Pain or Swelling: Acute or Chronic, 2002,13 pages, 7 references							
Checklist completed by: Nate Rozeboom					Date: 6/13/09		
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>							
<b>To what extent is there</b>				<b>Assessment/Comments:</b>			
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>A. Systematic literature search</li> <li>B. Study selection criteria clearly described</li> <li>C. Quality of individual studies and overall strength of the evidence assessed</li> <li>D. Explicit link between evidence &amp; recommendations</li> </ul> <i>(If any of the above are missing, rate as poor)</i>			GOOD	FAIR	<b><u>POOR</u></b>	
				A. Yes B. Yes C. Minimally, not ratings scheme provided D. No			
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>A. Methods for developing recommendations clearly described</li> <li>B. Benefits/side effects/risks considered</li> <li>C. External review</li> </ul>			GOOD	FAIR	<b><u>POOR</u></b>	
				A. No B. No C. None			
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>A. Independence from funding source</li> <li>B. Member conflict of interest identified</li> </ul>			GOOD	<b><u>FAIR</u></b>	POOR	
				A. No funding statement B. Yes			
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>							
<b>SECTION 2: SECONDARY CRITERIA</b>							
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>A. Objectives described</li> <li>B. Clinical questions described</li> <li>C. Patients/population specified</li> </ul>			GOOD	FAIR	POOR	
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>A. Relevant professional groups represented</li> <li>B. Patients' views and preferences sought</li> <li>C. Target users defined</li> <li>D. Pilot tested among target users</li> </ul>			GOOD	FAIR	POOR	

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>		<b>Methodology Checklist: Guidelines</b>		<b>Number: 20</b>	
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> ICSI, Diagnosis and Treatment of Adult Degenerative Joint Disease (DJD)/Osteoarthritis (OA) of the Knee, 2007, 41 pages					
Checklist completed by: Nate Rozeboom				Date: 6/14/09	
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>					
<i>To what extent is there</i>			<i>Assessment/Comments:</i>		
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>A. Systematic literature search</li> <li>B. Study selection criteria clearly described</li> <li>C. Quality of individual studies and overall strength of the evidence assessed</li> <li>D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	GOOD	FAIR	<u>POOR</u>	A. No B. No C. Yes, clear ratings scheme D. Yes
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>A. Methods for developing recommendations clearly described</li> <li>B. Benefits/side effects/risks considered</li> <li>C. External review</li> </ul>	GOOD	FAIR	<u>POOR</u>	A. No. Very vague B. No C. Yes
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>A. Independence from funding source</li> <li>B. Member conflict of interest identified</li> </ul>	GOOD	<u>FAIR</u>	POOR	A. No B. Yes
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>					
<b>SECTION 2: SECONDARY CRITERIA</b>					
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>A. Objectives described</li> <li>B. Clinical questions described</li> <li>C. Patients/population specified</li> </ul>	GOOD	<u>FAIR</u>	POOR	A. Yes B. No. Just Three AIM statements C. Yes
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>A. Relevant professional groups represented</li> <li>B. Patients' views and preferences sought</li> <li>C. Target users defined</li> <li>D. Pilot tested among target users</li> </ul>	GOOD	FAIR	POOR	A. Unclear B. No C. No D. No. Reviewed but no pilot test

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>	<b>Methodology Checklist: Guidelines</b>	<b>Number: 21</b>
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> American Academy of Occupational and Environmental Medicine, revised 2007, 366 pages, 1310 references		
Checklist completed by: Nathan Rozeboom		Date:6/10/09
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>		
<b>To what extent is there</b>		<b>Assessment/Comments:</b>
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>• A. Systematic literature search</li> <li>• B. Study selection criteria clearly described</li> <li>• C. Quality of individual studies and overall strength of the evidence assessed</li> <li>• D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	GOOD      FAIR <b><u>POOR</u></b>
		A. Multiple electronic databases, none mentioned B. Systematic identification of High-quality research. Not very specific. C. Clear Ratings scheme used. D. Yes
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>• A. Methods for developing recommendations clearly described</li> <li>• B. Benefits/side effects/risks considered</li> <li>• C. External review</li> </ul>	<b><u>GOOD</u></b> FAIR      POOR
		A. Clear methods used including expert panel review of the evidence. "First Principles" of medical logic and ethics used in formulating recommendations. B. Yes C. Clear method of external review
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>• A. Independence from funding source</li> <li>• B. Member conflict of interest identified</li> </ul>	<b><u>GOOD</u></b> FAIR      POOR
		A. Funded by the American College of Occ. And Env. Medicine. Sources not disclosed B. Yes
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>		
<b>SECTION 2: SECONDARY CRITERIA</b>		
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>• Objectives described</li> <li>• Clinical questions described</li> <li>• Patients/population specified</li> </ul>	GOOD      FAIR      POOR
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>• Relevant professional groups represented</li> <li>• Patients' views and preferences sought</li> <li>• Target users defined</li> <li>• Pilot tested among target users</li> </ul>	GOOD      FAIR      POOR

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

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#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>		<b>Methodology Checklist: Guidelines</b>			<b>Number: 22</b>		
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> ACR, Appropriateness Criteria: Low Back Pain, 2005,7 pages, 23 references							
Checklist completed by: Nate Rozeboom					Date: 6/15/09		
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>							
<b>To what extent is there</b>				<b>Assessment/Comments:</b>			
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>A. Systematic literature search</li> <li>B. Study selection criteria clearly described</li> <li>C. Quality of individual studies and overall strength of the evidence assessed</li> <li>D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>			GOOD	FAIR	<b><u>POOR</u></b>	
				A. Literature searches completed. No specific databases or systematic method listed. B. No C. No D. No			
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>A. Methods for developing recommendations clearly described</li> <li>B. Benefits/side effects/risks considered</li> <li>C. External review</li> </ul>			GOOD	<b><u>FAIR</u></b>	POOR	
				A. Delphi method. Unsure to what extent the raters utilize the evidence. B. Yes C. No			
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>A. Independence from funding source</li> <li>B. Member conflict of interest identified</li> </ul>			GOOD	FAIR	<b><u>POOR</u></b>	
				A. Funded by ACR. Sources not disclosed B. Includes statement that No conflicts of Interest exist; COI not defined			
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>							
<b>SECTION 2: SECONDARY CRITERIA</b>							
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>A. Objectives described</li> <li>B. Clinical questions described</li> <li>C. Patients/population specified</li> </ul>			GOOD	FAIR	POOR	
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>A. Relevant professional groups represented</li> <li>B. Patients' views and preferences sought</li> <li>C. Target users defined</li> <li>D. Pilot tested among target users</li> </ul>			GOOD	FAIR	POOR	

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

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#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>	<b>Methodology Checklist: Guidelines</b>	<b>Number: 23</b>
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> North American Spine Society (NASS), Diagnosis and treatment of degenerative lumbar spinal stenosis, 2007, 394 references		
Checklist completed by: Nate Rozeboom		Date: 6/15/09
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>		
<b>To what extent is there</b>		<b>Assessment/Comments:</b>
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>• A. Systematic literature search</li> <li>• B. Study selection criteria clearly described</li> <li>• C. Quality of individual studies and overall strength of the evidence assessed</li> <li>• D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	<b><u>GOOD</u></b> FAIR      POOR A. Yes B. Yes C. Yes, rating scheme included D. Yes
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>• A. Methods for developing recommendations clearly described</li> <li>• B. Benefits/side effects/risks considered</li> <li>• C. External review</li> </ul>	<b><u>GOOD</u></b> FAIR      POOR A. Yes. Expert consensus. Nominal Group Technique B. Yes C. Yes
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>• A. Independence from funding source</li> <li>• B. Member conflict of interest identified</li> </ul>	GOOD <b><u>FAIR</u></b> POOR A. Funded by NASS. Sources not disclosed B. Yes
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>		
<b>SECTION 2: SECONDARY CRITERIA</b>		
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>• A. Objectives described</li> <li>• B. Clinical questions described</li> <li>• C. Patients/population specified</li> </ul>	<b><u>GOOD</u></b> FAIR      POOR A. Yes B. Yes C. Yes
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>• A. Relevant professional groups represented</li> <li>• B. Patients' views and preferences sought</li> <li>• C. Target users defined</li> <li>• D. Pilot tested among target users</li> </ul>	GOOD <b><u>FAIR</u></b> POOR A. Yes B. No C. Yes D. No

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

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#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>	<b>Methodology Checklist: Guidelines</b>	<b>Number: 24</b>															
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> American College of Physicians and American Pain Society: Diagnosis and treatment of low back pain, 2007, 17 pages, 131 references																	
Checklist completed by: Nate Rozeboom		Date: 6/15/09															
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>																	
<b>To what extent is there</b>		<b>Assessment/Comments:</b>															
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>• A. Systematic literature search</li> <li>• B. Study selection criteria clearly described</li> <li>• C. Quality of individual studies and overall strength of the evidence assessed</li> <li>• D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u><b>GOOD</b></u></td> <td style="text-align: center;">FAIR</td> <td style="text-align: center;">POOR</td> </tr> <tr> <td>A. Yes</td> <td></td> <td></td> </tr> <tr> <td>B. Yes</td> <td></td> <td></td> </tr> <tr> <td>C. Yes</td> <td></td> <td></td> </tr> <tr> <td>D. Yes</td> <td></td> <td></td> </tr> </table>	<u><b>GOOD</b></u>	FAIR	POOR	A. Yes			B. Yes			C. Yes			D. Yes		
<u><b>GOOD</b></u>	FAIR	POOR															
A. Yes																	
B. Yes																	
C. Yes																	
D. Yes																	
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>• A. Methods for developing recommendations clearly described</li> <li>• B. Benefits/side effects/risks considered</li> <li>• C. External review</li> </ul>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u><b>GOOD</b></u></td> <td style="text-align: center;">FAIR</td> <td style="text-align: center;">POOR</td> </tr> <tr> <td>A. Yes</td> <td></td> <td></td> </tr> <tr> <td>B. Yes</td> <td></td> <td></td> </tr> <tr> <td>C. Yes</td> <td></td> <td></td> </tr> </table>	<u><b>GOOD</b></u>	FAIR	POOR	A. Yes			B. Yes			C. Yes					
<u><b>GOOD</b></u>	FAIR	POOR															
A. Yes																	
B. Yes																	
C. Yes																	
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>• A. Independence from funding source</li> <li>• B. Member conflict of interest identified</li> </ul>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u><b>GOOD</b></u></td> <td style="text-align: center;">FAIR</td> <td style="text-align: center;">POOR</td> </tr> <tr> <td colspan="3">A. Funded by ACP and American Pain Society. Sources not disclosed</td> </tr> <tr> <td colspan="3">B. Yes</td> </tr> </table>	<u><b>GOOD</b></u>	FAIR	POOR	A. Funded by ACP and American Pain Society. Sources not disclosed			B. Yes								
<u><b>GOOD</b></u>	FAIR	POOR															
A. Funded by ACP and American Pain Society. Sources not disclosed																	
B. Yes																	
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>																	
<b>SECTION 2: SECONDARY CRITERIA</b>																	
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>• A. Objectives described</li> <li>• B. Clinical questions described</li> <li>• C. Patients/population specified</li> </ul>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">GOOD</td> <td style="text-align: center;">FAIR</td> <td style="text-align: center;">POOR</td> </tr> </table>	GOOD	FAIR	POOR												
GOOD	FAIR	POOR															
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>• A. Relevant professional groups represented</li> <li>• B. Patients' views and preferences sought</li> <li>• C. Target users defined</li> <li>• D. Pilot tested among target users</li> </ul>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">GOOD</td> <td style="text-align: center;">FAIR</td> <td style="text-align: center;">POOR</td> </tr> </table>	GOOD	FAIR	POOR												
GOOD	FAIR	POOR															

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>		<b>Methodology Checklist: Guidelines</b>	<b>Number: 25</b>
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> Association of Comprehensive Cancer Care Centres, Non-small cell lung cancer, 2004, 142 pages, 526 references			
Checklist completed by: Nate Rozeboom			Date: 6/11/09
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>			
<i>To what extent is there</i>		<i>Assessment/Comments:</i>	
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>A. Systematic literature search</li> <li>B. Study selection criteria clearly described</li> <li>C. Quality of individual studies and overall strength of the evidence assessed</li> <li>D. Explicit link between evidence &amp; recommendations</li> </ul> <i>(If any of the above are missing, rate as poor)</i>	<p style="text-align: center;">GOOD      FAIR      <b><u>POOR</u></b></p> <p>A. Search of electronic databases, none mentioned. Hand searches of published literature  B. Articles chosen by language, length and evidence based ranking score.  C. Rating scheme for evidence provided.  D. Not clear in this summary. Algorithms provided in the original document</p>	
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>A. Methods for developing recommendations clearly described</li> <li>B. Benefits/side effects/risks considered</li> <li>C. External review</li> </ul>	<p style="text-align: center;"><b><u>GOOD</u></b>      FAIR      POOR</p> <p>A. Clear, multi-stage process for developing the recommendations.  B. Yes  C. Yes</p>	
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>A. Independence from funding source</li> <li>B. Member conflict of interest identified</li> </ul>	<p style="text-align: center;"><b><u>GOOD</u></b>      FAIR      POOR</p> <p>A. Funded by Association of Comprehensive Cancer Centres. Sources not disclosed  B. Includes statement that No conflicts of Interest exist; COI not defined</p>	
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>			
<b>SECTION 2: SECONDARY CRITERIA</b>			
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>A. Objectives described</li> <li>B. Clinical questions described</li> <li>C. Patients/population specified</li> </ul>	<p style="text-align: center;">GOOD      <b><u>FAIR</u></b>      POOR</p> <p>A. Yes  B. Goals mentioned, but no specific question  C. Yes, Adults with non-small lung cancer</p>	
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>Relevant professional groups represented</li> <li>Patients' views and preferences sought</li> <li>Target users defined</li> <li>Pilot tested among target users</li> </ul>	<p style="text-align: center;">GOOD      FAIR      POOR</p>	

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>		<b>Methodology Checklist: Guidelines</b>	<b>Number: 26</b>	
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> National Institute for Clinical Excellence (NICE), Diagnosis and Treatment of Lung cancer, 2005, 350 pages				
Checklist completed by: Nate Rozeboom			Date: 6/11/09	
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>				
<i>To what extent is there</i>		<i>Assessment/Comments:</i>		
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>A. Systematic literature search</li> <li>B. Study selection criteria clearly described</li> <li>C. Quality of individual studies and overall strength of the evidence assessed</li> <li>D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	<p><u>GOOD</u>      FAIR      POOR</p> <p>A. Yes. Cochrane library, Medline, Embase B. Yes. All details provided in an appendix. C. Yes. Ratings scheme given D. Yes. Very clear. Ratings scheme provided for strength of the recommendations.</p>		
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>A. Methods for developing recommendations clearly described</li> <li>B. Benefits/side effects/risks considered</li> <li>C. External review</li> </ul>	<p><u>GOOD</u>      FAIR      POOR</p> <p>A. Yes. There is also a ratings scheme for strength of the recommendations provided. B. Yes. C. Yes. Provided to stakeholders and comments incorporated into final document.</p>		
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>A. Independence from funding source</li> <li>B. Member conflict of interest identified</li> </ul>	<p>GOOD      <u>FAIR</u>      POOR</p> <p>A. Funded by NICE. Sources not disclosed B. Yes</p>		
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>				
<b>SECTION 2: SECONDARY CRITERIA</b>				
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>A. Objectives described</li> <li>B. Clinical questions described</li> <li>C. Patients/population specified</li> </ul>	<p><u>GOOD</u>      FAIR      POOR</p> <p>A. Yes B. Goal statements but no specific question C. Yes</p>		
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>A. Relevant professional groups represented</li> <li>B. Patients' views and preferences sought</li> <li>C. Target users defined</li> <li>D. Pilot tested among target users</li> </ul>	<p><u>GOOD</u>      FAIR      POOR</p> <p>A. Yes B. Yes, multiple pt. advocacy groups C. Yes D. Unable to determine</p>		

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SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

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#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>		<b>Methodology Checklist: Guidelines</b>			<b>Number: 27</b>		
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> American College of Chest Physicians, Management of small cell lung cancer. 2007, 21 pages, 100 references							
Checklist completed by: Nate Rozeboom					Date: 6/15/09		
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>							
<b>To what extent is there</b>				<b>Assessment/Comments:</b>			
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>A. Systematic literature search</li> <li>B. Study selection criteria clearly described</li> <li>C. Quality of individual studies and overall strength of the evidence assessed</li> <li>D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>			<u>GOOD</u>	FAIR	POOR	
				A. Yes			
				B. Yes			
				C. Yes			
				D. Yes			
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>A. Methods for developing recommendations clearly described</li> <li>B. Benefits/side effects/risks considered</li> <li>C. External review</li> </ul>			<u>GOOD</u>	FAIR	POOR	
				A. Yes			
				B. Yes			
				C. Yes			
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>A. Independence from funding source</li> <li>B. Member conflict of interest identified</li> </ul>			<u>GOOD</u>	FAIR	POOR	
				A. Yes			
				B. Yes			
				This is a good one!			
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>							
<b>SECTION 2: SECONDARY CRITERIA</b>							
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>A. Objectives described</li> <li>B. Clinical questions described</li> <li>C. Patients/population specified</li> </ul>			GOOD	<u>FAIR</u>	POOR	
				A. Yes			
				B. No			
				C. Yes			
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>A. Relevant professional groups represented</li> <li>B. Patients' views and preferences sought</li> <li>C. Target users defined</li> <li>D. Pilot tested among target users</li> </ul>			GOOD	<u>FAIR</u>	POOR	
				A. Yes			
				B. Yes			
				C. Yes			
				D. No			

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SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

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**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>	<b>Methodology Checklist: Guidelines</b>	<b>Number: 28</b>
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> Cancer Care Ontario: Diagnostic Imaging in the Assessment of Metastatic and Recurrent Ovarian Cancer, 2006, 14 pages, 15 references		
Checklist completed by: Nate Rozeboom		Date: 6/16/09
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>		
<b>To what extent is there</b>		<b>Assessment/Comments:</b>
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>• A. Systematic literature search</li> <li>• B. Study selection criteria clearly described</li> <li>• C. Quality of individual studies and overall strength of the evidence assessed</li> <li>• D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	GOOD      FAIR <b><u>POOR</u></b>  A. Yes B. Yes C. States not applicable D. No, also states not applicable
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>• A. Methods for developing recommendations clearly described</li> <li>• B. Benefits/side effects/risks considered</li> <li>• C. External review</li> </ul>	GOOD <b><u>FAIR</u></b> POOR  A. Yes. Expert panel B. Not stated C. Yes
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>• A. Independence from funding source</li> <li>• B. Member conflict of interest identified</li> </ul>	GOOD      FAIR <b><u>POOR</u></b>  A. Funded by CCO and Ontario Ministry of Health and Long Term Care. Sources not disclosed B. Not stated
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>		
<b>SECTION 2: SECONDARY CRITERIA</b>		
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>• A. Objectives described</li> <li>• B. Clinical questions described</li> <li>• C. Patients/population specified</li> </ul>	GOOD      FAIR      POOR
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>• A. Relevant professional groups represented</li> <li>• B. Patients' views and preferences sought</li> <li>• C. Target users defined</li> <li>• D. Pilot tested among target users</li> </ul>	GOOD      FAIR      POOR

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SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

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<b>MED PROJECT</b>		<b>Methodology Checklist: Guidelines</b>			<b>Number: 29</b>		
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> Scottish Intercollegiate Guidelines Network: Management of patients with lung cancer, 2005, 63 pages, 345 references							
Checklist completed by: Nate Rozeboom					Date: 6/16/09		
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>							
<b>To what extent is there</b>				<b>Assessment/Comments:</b>			
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>A. Systematic literature search</li> <li>B. Study selection criteria clearly described</li> <li>C. Quality of individual studies and overall strength of the evidence assessed</li> <li>D. Explicit link between evidence &amp; recommendations</li> </ul> <i>(If any of the above are missing, rate as poor)</i>			<u>GOOD</u>	FAIR	POOR	
				A. Yes			
				B. Yes			
				C. Yes			
				D. Yes			
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>A. Methods for developing recommendations clearly described</li> <li>B. Benefits/side effects/risks considered</li> <li>C. External review</li> </ul>			<u>GOOD</u>	FAIR	POOR	
				A. Yes, see SIGN50 PDF			
				B. Yes			
				C. Yes, open national meeting			
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>A. Independence from funding source</li> <li>B. Member conflict of interest identified</li> </ul>			GOOD	<u>FAIR</u>	POOR	
				A. Unclear			
				B. Yes			
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>							
<b>SECTION 2: SECONDARY CRITERIA</b>							
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>A. Objectives described</li> <li>B. Clinical questions described</li> <li>C. Patients/population specified</li> </ul>			GOOD	FAIR	POOR	
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>A. Relevant professional groups represented</li> <li>B. Patients' views and preferences sought</li> <li>C. Target users defined</li> <li>D. Pilot tested among target users</li> </ul>			GOOD	FAIR	POOR	

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SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

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**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>	<b>Methodology Checklist: Guidelines</b>	<b>Number: 30</b>
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> National Comprehensive Cancer Network, Non-small Lung cell cancer, 2008, 73 pages, 217 references		
Checklist completed by: Nate Rozeboom		Date: 6/11/09
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>		
<b>To what extent is there</b>		<b>Assessment/Comments:</b>
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>• A. Systematic literature search</li> <li>• B. Study selection criteria clearly described</li> <li>• C. Quality of individual studies and overall strength of the evidence assessed</li> <li>• D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	GOOD      FAIR <b><u>POOR</u></b>
		A. No. High-level evidence is mentioned and the “data” is referred to but no apparent systematic search. B. No. Inclusion/exclusion parameters not specifically mentioned. C. Yes, ratings scheme provided D. Yes
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>• A. Methods for developing recommendations clearly described</li> <li>• B. Benefits/side effects/risks considered</li> <li>• C. External review</li> </ul>	<b><u>GOOD</u></b> FAIR      POOR
		A. Yes B. Yes C. Yes
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>• A. Independence from funding source</li> <li>• B. Member conflict of interest identified</li> </ul>	<b><u>GOOD</u></b> FAIR      POOR
		A. Yes, Funding statement provided B. Yes
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>		
<b>SECTION 2: SECONDARY CRITERIA</b>		
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>• A. Objectives described</li> <li>• B. Clinical questions described</li> <li>• C. Patients/population specified</li> </ul>	GOOD      FAIR      POOR
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>• A. Relevant professional groups represented</li> <li>• B. Patients’ views and preferences sought</li> <li>• C. Target users defined</li> <li>• D. Pilot tested among target users</li> </ul>	GOOD      FAIR      POOR

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write “unable to assess” in the comment section. If the editorial independence is rated as “poor”, indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>	<b>Methodology Checklist: Guidelines</b>	<b>Number: 31</b>
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> ACR, Appropriateness Criteria: Shoulder Trauma, 2005, 6 pages, 37 references		
Checklist completed by: Nate Rozeboom		Date: 6/15/09
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>		
<b>To what extent is there</b>		<b>Assessment/Comments:</b>
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>• A. Systematic literature search</li> <li>• B. Study selection criteria clearly described</li> <li>• C. Quality of individual studies and overall strength of the evidence assessed</li> <li>• D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	GOOD      FAIR <b><u>POOR</u></b>
		A. Literature searches completed. No specific databases or systematic method listed. B. No C. No D. No
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>• A. Methods for developing recommendations clearly described</li> <li>• B. Benefits/side effects/risks considered</li> <li>• C. External review</li> </ul>	GOOD <b><u>FAIR</u></b> POOR
		A. Delphi method. Unsure to what extent the raters utilize the evidence. B. Yes, minimally C. No
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>• A. Independence from funding source</li> <li>• B. Member conflict of interest identified</li> </ul>	GOOD      FAIR <b><u>POOR</u></b>
		A. Funded by ACR. Sources not disclosed B. Includes statement that No conflicts of Interest exist; COI not defined
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>		
<b>SECTION 2: SECONDARY CRITERIA</b>		
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>• A. Objectives described</li> <li>• B. Clinical questions described</li> <li>• C. Patients/population specified</li> </ul>	GOOD      FAIR      POOR
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>• A. Relevant professional groups represented</li> <li>• B. Patients' views and preferences sought</li> <li>• C. Target users defined</li> <li>• D. Pilot tested among target users</li> </ul>	GOOD      FAIR      POOR

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

<b>MED PROJECT</b>	<b>Methodology Checklist: Guidelines</b>	<b>Number: 32</b>
Guideline citation <i>(Include name of organization, title, year of publication, journal title, pages)</i> American Academy of Orthopaedic Surgeons: Clinical guideline on diagnosis of carpal tunnel syndrome, 72 pages, 381 references		
Checklist completed by: Nate Rozeboom		Date: 6/16/09
<b>SECTION 1: PRIMARY CRITERIA<sup>1</sup></b>		
<b>To what extent is there</b>		<b>Assessment/Comments:</b>
1.1	<b>RIGOR OF DEVELOPMENT: Evidence</b> <ul style="list-style-type: none"> <li>• A. Systematic literature search</li> <li>• B. Study selection criteria clearly described</li> <li>• C. Quality of individual studies and overall strength of the evidence assessed</li> <li>• D. Explicit link between evidence &amp; recommendations</li> </ul> <p><i>(If any of the above are missing, rate as poor)</i></p>	<b><u>GOOD</u></b> FAIR      POOR A. Yes B. Yes, excellent C. Yes, ratings scheme included D. Yes
1.2	<b>RIGOR OF DEVELOPMENT: Recommendations</b> <ul style="list-style-type: none"> <li>• A. Methods for developing recommendations clearly described</li> <li>• B. Benefits/side effects/risks considered</li> <li>• C. External review</li> </ul>	GOOD <b><u>FAIR</u></b> POOR A. Yes, modified Nominal group technique B. Benefits considered, Risks not mentioned C. Yes
1.3	<b>EDITORIAL INDEPENDENCE</b> <ul style="list-style-type: none"> <li>• A. Independence from funding source</li> <li>• B. Member conflict of interest identified</li> </ul>	<b><u>GOOD</u></b> FAIR      POOR A. Yes B. Yes
<i>If any of three primary criteria are rated poor, the entire guideline should be rated poor.</i>		
<b>SECTION 2: SECONDARY CRITERIA</b>		
2.1	<b>SCOPE AND PURPOSE</b> <ul style="list-style-type: none"> <li>• A. Objectives described</li> <li>• B. Clinical questions described</li> <li>• C. Patients/population specified</li> </ul>	GOOD      FAIR      POOR
2.2	<b>STAKEHOLDER INVOLVEMENT</b> <ul style="list-style-type: none"> <li>• A. Relevant professional groups represented</li> <li>• B. Patients' views and preferences sought</li> <li>• C. Target users defined</li> <li>• D. Pilot tested among target users</li> </ul>	GOOD      FAIR      POOR

<sup>1</sup> Editorial Independence is also a critical domain. However, it is often very poorly reported in guidelines. The assessor should not rate the domain, but write "unable to assess" in the comment section. If the editorial independence is rated as "poor", indicating a high likelihood of bias, the entire guideline should be assessed as poor.

SECTION 2: SECONDARY CRITERIA, Cont.				
2.3	<b>CLARITY AND PRESENTATION</b> <ul style="list-style-type: none"> <li>• Recommendations specific, unambiguous</li> <li>• Management options clearly presented</li> <li>• Key recommendations identifiable</li> <li>• Application tools available</li> <li>• Updating procedure specified</li> </ul>	GOOD	FAIR	POOR
2.4	<b>APPLICABILITY</b> <ul style="list-style-type: none"> <li>• Potential organizational barriers discussed</li> <li>• Potential cost implications considered</li> <li>• Monitoring/audit/review criteria presented</li> </ul>	GOOD	FAIR	POOR
SECTION 3: OVERALL ASSESSMENT OF THE GUIDELINE				
3.1	How well done is this guideline?	GOOD	FAIR	POOR
3.2	Other reviewer comments:			

### Description of Ratings: Methodology Checklist for Guidelines

The checklist for rating guidelines is organized to emphasize the use of evidence in developing guidelines and the philosophy that “evidence is global, guidelines are local.” This philosophy recognizes the unique situations (e.g., differences in resources, populations) that different organizations may face in developing guidelines for their constituents. The second area of emphasis is transparency. Guideline developers should be clear about how they arrived at a recommendation and to what extent there was potential for bias in their recommendations. For these reasons, rating descriptions are only provided for the primary criteria in section one. There may be variation in how individuals might apply the good, fair, and poor ratings in section two based on their needs, resources, organizations, etc.

#### Section 1. Primary Criteria (rigor of development and editorial independence) ratings:

**Good:** All items listed are present, well described, and well executed (e.g., key research references are included for each recommendation).

**Fair:** All items are present, but may not be well described or well executed.

**Poor:** One or more items are absent or are poorly conducted

# **APPENDIX B**

## **National Guideline Clearinghouse Searches**

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## NGC Search Results

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Your search criteria:

**Keyword:** *Abdomen-Pelvis CT*

**Guideline Categories:** *Diagnosis*

**Methods Used to Analyze the Evidence:** *Decision Analysis, Meta-Analysis, Meta-Analysis of Observational Trials, Meta-Analysis of Randomized Controlled Trials, Review of Published Meta-Analyses, Systematic Review with Evidence Tables*

**Publication Date(s):** *2009, 2008, 2007, 2006, 2005*

**Sort Order:** *Publication Date*

Your search found 9 related guidelines, which are listed below by publication date. Use the "Limit Search" button to sort by relevance.

To view a guideline summary, click on a title below.

Items 1 to 9

### Title

[ACR Appropriateness Criteria® pretreatment staging of invasive bladder cancer](#). American College of Radiology - Medical Specialty Society. 1995 (revised 2007). 8 pages. NGC:005999

[Other Guidelines from this Developer](#)

[ACR Appropriateness Criteria® renal trauma.](#) American College of Radiology - Medical Specialty Society. 1996 (revised 2007). 4 pages. NGC:006002

[Other Guidelines from this Developer](#)

[ACR Appropriateness Criteria® suspected lower urinary tract trauma.](#) American College of Radiology - Medical Specialty Society. 1996 (revised 2007 Jan). 7 pages. NGC:006005

[Other Guidelines from this Developer](#)

[ACR Appropriateness Criteria® suspected spine trauma.](#) American College of Radiology - Medical Specialty Society. 2007. 17 pages. NGC:006010

[Other Guidelines from this Developer](#)

[ACR Appropriateness Criteria® screening for pulmonary metastases.](#) American College of Radiology - Medical Specialty Society. 1995 (revised 2006). 7 pages. NGC:005549

[Other Guidelines from this Developer](#)

[ACR Appropriateness Criteria® plexopathy.](#) American College of Radiology - Medical Specialty Society. 2006. 13 pages. NGC:005539

[Other Guidelines from this Developer](#)

[ACR Appropriateness Criteria® recurrent lower urinary tract infections in women.](#) American College of Radiology - Medical Specialty Society. 1995 (revised 2005). 6 pages. **[NGC Update Pending]** NGC:004608

[Other Guidelines from this Developer](#)

[ACR Appropriateness Criteria® suspected adnexal masses.](#) American College of Radiology - Medical Specialty Society. 1996 (revised 2005). 10 pages. NGC:004653

[Other Guidelines from this Developer](#)

[ACR Appropriateness Criteria® Crohn's disease.](#) American College of Radiology - Medical Specialty Society. 1998 (revised 2005). 11 pages. NGC:004772

[Other Guidelines from this Developer](#)

## Search



## NGC Search Results

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Your search criteria:

**Keyword:** *Brain MRI*

**Guideline Categories:** *Diagnosis*

**Methods Used to Analyze the Evidence:** *Decision Analysis, Meta-Analysis, Meta-Analysis of Observational Trials, Meta-Analysis of Randomized Controlled Trials, Review of Published Meta-Analyses, Systematic Review with Evidence Tables*

**Publication Date(s):** *2009, 2008, 2007, 2006, 2005*

**Sort Order:** *Publication Date*

Your search found 63 related guidelines, which are listed below by publication date. Use the "Limit Search" button to sort by relevance.

To view a guideline summary, click on a title below.

Items 1 to 20

**Title**

[Clinical policy: neuroimaging and decisionmaking in adult mild traumatic brain injury in the acute setting.](#) American College of Emergency Physicians - Medical Specialty Society. 2008 Nov 25. 35 pages. NGC:006720

[Other Guidelines from this Developer](#)

[Clinical practice guideline: benign paroxysmal positional vertigo.](#) American Academy of Otolaryngology - Head and Neck Surgery Foundation - Medical Specialty Society. 2008 Nov. 35 pages. NGC:006814

[Other Guidelines from this Developer](#)

[Diagnosis and management of headache in adults. A national clinical guideline.](#) Scottish Intercollegiate Guidelines Network - National Government Agency [Non-U.S.]. 2008 Nov. 81 pages. NGC:006857

[Other Guidelines from this Developer](#)

[Clinical policy: critical issues in the evaluation and management of adult patients presenting to the emergency department with acute headache.](#) American College of Emergency Physicians

- Medical Specialty Society. 2002 (revised 2008 Oct). 30 pages. NGC:006719

[Other Guidelines from this Developer](#)

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[Diagnosis and initial treatment of ischemic stroke.](#) Institute for Clinical Systems Improvement - Private Nonprofit Organization. 2001 Oct (revised 2008 Jun). 57 pages. NGC:006681

[Other Guidelines from this Developer](#)

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[Guidelines on testicular cancer.](#) European Association of Urology - Medical Specialty Society. 2008 Mar. 54 pages. NGC:006449

[Other Guidelines from this Developer](#)

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[Structural neuroimaging in first-episode psychosis.](#) National Institute for Health and Clinical Excellence (NICE) - National Government Agency [Non-U.S.]. 2008 Feb. 24 pages. NGC:006359

[Other Guidelines from this Developer](#)

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[\(1\) ACC/AHA guidelines for the management of patients with ST-elevation myocardial infarction. A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines \(Committee to revise the 1999 guidelines for the Management of Acute Myocardial Infarction\). \(2\) 2007 focused update of the ACC/AHA 2004 guidelines for the management of patients with ST-elevation myocardial infarction. A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines.](#) American College of Cardiology Foundation - Medical Specialty Society  
American Heart Association - Professional Association. 1996 Nov 1 (revised 2004 Jul; addendum released 2008 Jan). Original guideline: 211 pages; Focused update: 38. NGC:006289

[Other Guidelines from this Developer](#)

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[Diabetes management in the long-term care setting.](#) American Medical Directors Association - Professional Association. 2002 (revised 2008). 44 pages. NGC:006411

[Other Guidelines from this Developer](#)

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[Eye.](#) Work Loss Data Institute - Public For Profit Organization. 2004 (revised 2008 Jan 3). 57 pages. NGC:006556

[Other Guidelines from this Developer](#)

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- [Head \(trauma, headaches, etc., not including stress & mental disorders\).](#) Work Loss Data Institute - Public For Profit Organization. 2006 (revised 2008 Apr 21). 152 pages. NGC:006558

[Other Guidelines from this Developer](#)

- [Neck and upper back \(acute & chronic\).](#) Work Loss Data Institute - Public For Profit Organization. 2003 (revised 2008 May 7). 283 pages. NGC:006563

[Other Guidelines from this Developer](#)

- [Aortic aneurysm and dissection.](#) Finnish Medical Society Duodecim - Professional Association. 2004 Feb 26 (revised 2007 Dec 14). Various pagings. NGC:006588

[Other Guidelines from this Developer](#)

- [Practice parameter: evaluating an apparent unprovoked first seizure in adults \(an evidence-based review\). Report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Epilepsy Society.](#) American Academy of Neurology - Medical Specialty Society American Epilepsy Society - Disease Specific Society. 2007 Nov 20. 12 pages. NGC:006747

[Other Guidelines from this Developer](#)

- [Reassessment: neuroimaging in the emergency patient presenting with seizure \(an evidence-based review\). Report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology.](#) American Academy of Neurology - Medical Specialty Society. 1996 (revised 2007 Oct). 9 pages. NGC:006746

[Other Guidelines from this Developer](#)

- [Early assessment and diagnosis. In: Clinical guidelines for acute stroke management.](#) National Stroke Foundation (Australia) - Private Nonprofit Organization. 2007 Oct. 5 pages. NGC:006642

[Other Guidelines from this Developer](#)

[Committee on Neuroscience \(Singapore\) - National Government Agency \[Non-U.S.\]](#)  
[National Medical Research Council \(Singapore Ministry of Health\) - National Government Agency \[Non-U.S.\]](#)  
[Singapore Ministry of Health - National Government Agency \[Non-U.S.\]. 2000 Nov \(revised 2007 Sep\). 104 pages. NGC:006048](#)

[Other Guidelines from this Developer](#)





## NGC Search Results

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Your search criteria:

**Keyword:** *Brain MRI*

**Guideline Categories:** *Diagnosis*

**Methods Used to Analyze the Evidence:** *Decision Analysis, Meta-Analysis, Meta-Analysis of Observational Trials, Meta-Analysis of Randomized Controlled Trials, Review of Published Meta-Analyses, Systematic Review with Evidence Tables*

**Publication Date(s):** *2009, 2008, 2007, 2006, 2005*

**Sort Order:** *Publication Date*

Your search found 63 related guidelines, which are listed below by publication date. Use the "Limit Search" button to sort by relevance.

To view a guideline summary, click on a title below.

Items 21 to 40

**Title**

- [2007 guidelines for the management of arterial hypertension.](#) European Society of Cardiology - Medical Specialty Society  
 European Society of Hypertension - Disease Specific Society. 2003 Jun (revised 2007). 75 pages. NGC:005732  
[Other Guidelines from this Developer](#)

- [Guidelines for the early management of adults with ischemic stroke. A guideline from the American Heart Association/American Stroke Association Stroke Council, Clinical Cardiology Council, Cardiovascular Radiology and Intervention Council, and the Atherosclerotic Peripheral Vascular Disease and Quality of Care Outcomes in Research Interdisciplinary Working Groups.](#) American Heart Association - Professional Association  
 American Stroke Association - Disease Specific Society. 2007 Apr 12. 58 pages. NGC:005693  
[Other Guidelines from this Developer](#)

- [Dementia.](#) Singapore Ministry of Health - National Government Agency [Non-U.S.]. 2001 Sep (revised 2007 Mar). 80 pages. NGC:005659  
[Other Guidelines from this Developer](#)



[Diagnosis and treatment of headache](#). Institute for Clinical Systems Improvement - Private Nonprofit Organization. 1998 Aug (revised 2007 Jan). 72 pages. **[NGC Update Pending]**  
NGC:005845

[Other Guidelines from this Developer](#)

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[Epilepsy in adults](#). Singapore Ministry of Health - National Government Agency [Non-U.S.]. 2007 Jan. 43 pages. NGC:005532

[Other Guidelines from this Developer](#)

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[ACR Appropriateness Criteria® pretreatment staging of invasive bladder cancer](#). American College of Radiology - Medical Specialty Society. 1995 (revised 2007). 8 pages.  
NGC:005999

[Other Guidelines from this Developer](#)

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[ACR Appropriateness Criteria® renal cell carcinoma staging](#). American College of Radiology - Medical Specialty Society. 1995 (revised 2007). 8 pages. NGC:006001

[Other Guidelines from this Developer](#)

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[ACR Appropriateness Criteria® dementia and movement disorders](#). American College of Radiology - Medical Specialty Society. 1996 (revised 2007). 15 pages. NGC:006012

[Other Guidelines from this Developer](#)

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[EFNS guideline on neuroimaging in acute stroke. Report of an EFNS task force](#). European Federation of Neurological Societies - Medical Specialty Society. 2006 Dec. 13 pages.  
NGC:005498

[Other Guidelines from this Developer](#)

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[Practice parameter: diagnostic assessment of the child with status epilepticus \(an evidence-based review\)](#). American Academy of Neurology - Medical Specialty Society  
Child Neurology Society - Medical Specialty Society. 2006 Nov. 9 pages. NGC:005536

[Other Guidelines from this Developer](#)

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[Infectious complications associated with HIV infection: parasitic infections](#). New York State Department of Health - State/Local Government Agency [U.S.]. 2006 Nov. 20 pages.  
NGC:005746

[Other Guidelines from this Developer](#)

[Evidence-based care guideline for management of acute bacterial sinusitis in children 1 to 18 years of age.](#) Cincinnati Children's Hospital Medical Center - Hospital/Medical Center. 2001 (revised 2006 Jul 7; reviewed 2006 Aug). 17 pages. NGC:005080

[Other Guidelines from this Developer](#)

[EFNS guidelines on diagnosis and treatment of brain metastases: report of an EFNS Task Force.](#) European Federation of Neurological Societies - Medical Specialty Society. 2006 Jul. 8 pages. NGC:005485

[Other Guidelines from this Developer](#)

[Traumatic brain injury: diagnosis, acute management and rehabilitation.](#) New Zealand Guidelines Group - Private Nonprofit Organization. 2006 Jul. 240 pages. NGC:005397

[Other Guidelines from this Developer](#)

[A systematic review on the diagnosis and treatment of primary \(idiopathic\) dystonia and dystonia plus syndromes: report of an EFNS/MDS-ES Task Force.](#) European Federation of Neurological Societies - Medical Specialty Society. 2006 May. 12 pages. NGC:005481

[Other Guidelines from this Developer](#)

[Practice parameter: diagnosis and prognosis of new onset Parkinson disease \(an evidence-based review\). Report of the Quality Standards Subcommittee of the American Academy of Neurology.](#) American Academy of Neurology - Medical Specialty Society. 2006 Apr 11. 8 pages. NGC:004935

[Other Guidelines from this Developer](#)

[EFNS guidelines on the use of neuroimaging in the management of multiple sclerosis.](#) European Federation of Neurological Societies - Medical Specialty Society. 2006 Apr. 13 pages. NGC:005479

[Other Guidelines from this Developer](#)

[Leptomeningeal metastases.](#) Association of Comprehensive Cancer Centres - Disease Specific Society. 2006 Jan. 71 pages. NGC:006064

[Other Guidelines from this Developer](#)

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- [Nausea and vomiting.](#) Association of Comprehensive Cancer Centres - Disease Specific Society. 2006 Jan. 28 pages. NGC:006067

[Other Guidelines from this Developer](#)

- 
- [Acute stroke management. Brain imaging.](#) In: [Canadian best practice recommendations for stroke care: 2006.](#) Canadian Stroke Network - Disease Specific Society  
Heart and Stroke Foundation of Canada - Disease Specific Society. 2006. 3 pages. **[NGC Update Pending]** NGC:006259

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Items 41 to 60

### Title



[ACR Appropriateness Criteria® focal neurologic deficit.](#) American College of Radiology - Medical Specialty Society. 2006. 13 pages. **[NGC Update Pending]** NGC:005137

[Other Guidelines from this Developer](#)



[Parkinson's disease. National clinical guideline for diagnosis and management in primary and secondary care.](#) National Collaborating Centre for Chronic Conditions - National Government Agency [Non-U.S.]. 2006 Jun. 237 pages. NGC:005148

[Other Guidelines from this Developer](#)



[Dementia: supporting people with dementia and their carers in health and social care.](#) National Collaborating Centre for Mental Health - National Government Agency [Non-U.S.]. 2006 Nov. 417 pages. NGC:005362

[Other Guidelines from this Developer](#)



[ACR Appropriateness Criteria® cerebrovascular disease.](#) American College of Radiology - Medical Specialty Society. 1996 (revised 2006). 20 pages. NGC:005545

[Other Guidelines from this Developer](#)



[ACR Appropriateness Criteria® epilepsy.](#) American College of Radiology - Medical Specialty Society. 1996 (revised 2006). 8 pages. NGC:005546

[Other Guidelines from this Developer](#)

gy - Medical Specialty Society. 1999 (revised 2006). 10 pages. NGC:005547

[Other Guidelines from this Developer](#)







## NGC Search Results

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Your search criteria:

**Keyword:** *Cardiac Nuclear*

**Guideline Categories:** *Diagnosis*

**Methods Used to Analyze the Evidence:** *Meta-Analysis, Meta-Analysis of Individual Patient Data, Meta-Analysis of Randomized Controlled Trials, Meta-Analysis of Summarized Patient Data, Review of Published Meta-Analyses, Systematic Review with Evidence Tables*

**Publication Date(s):** *2009, 2008, 2007, 2006, 2005*

**Sort Order:** *Publication Date*

Your search found 26 related guidelines, which are listed below by publication date. Use the "Limit Search" button to sort by relevance.

To view a guideline summary, click on a title below.

Items 1 to 20

**Title**



[Diagnosis and treatment of chest pain and acute coronary syndrome \(ACS\)](#), Institute for Clinical Systems Improvement - Private Nonprofit Organization. 2004 Nov (revised 2008 Oct). 69 pages. NGC:006889

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[\(1\) ACC/AHA guidelines for the management of patients with ST-elevation myocardial infarction. A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines \(Committee to revise the 1999 guidelines for the Management of Acute Myocardial Infarction\). \(2\) 2007 focused update of the ACC/AHA 2004 guidelines for the management of patients with ST-elevation myocardial infarction. A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines.](#)  
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 American Heart Association - Professional Association. 1996 Nov 1 (revised 2004 Jul; addendum released 2008 Jan). Original guideline: 211 pages; Focused update: 38.  
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[Early assessment and diagnosis. In: Clinical guidelines for acute stroke management.](#)  
 National Stroke Foundation (Australia) - Private Nonprofit Organization. 2007 Oct. 5 pages.  
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[Guideline for the use of imaging in the management of myeloma.](#) British Committee for Standards in Haematology - Professional Association. 2007 Apr. 15 pages. NGC:006178

[Other Guidelines from this Developer](#)

[ACR Appropriateness Criteria® suspected congenital heart disease in the adult.](#) American College of Radiology - Medical Specialty Society. 1998 (revised 2007). 8 pages. NGC:005988

[Other Guidelines from this Developer](#)

[ACR Appropriateness Criteria® renal cell carcinoma staging.](#) American College of Radiology - Medical Specialty Society. 1995 (revised 2007). 8 pages. NGC:006001

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[Guidelines for the prevention, detection and management of chronic heart failure in Australia, 2006.](#) Cardiac Society of Australia and New Zealand - Disease Specific Society  
National Heart Foundation of Australia - Disease Specific Society. 2002 (revised 2006 Nov). 79 pages. NGC:005428

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[ACC/AHA/ESC 2006 guidelines for management of patients with ventricular arrhythmias and the prevention of sudden cardiac death. A report of the American College of Cardiology/American Heart Association Task Force and the European Society of Cardiology Committee for Practice Guidelines \(Writing Committee to Develop Guidelines for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death\).](#)  
American College of Cardiology Foundation - Medical Specialty Society  
American Heart Association - Professional Association  
European Heart Rhythm Association - Professional Association  
European Society of Cardiology - Medical Specialty Society  
Heart Rhythm Society - Professional Association. 2006 Sep 5. 100 pages. NGC:005208

[Other Guidelines from this Developer](#)

[Diagnostic imaging in the assessment of metastatic and recurrent ovarian cancer.](#) Program in Evidence-based Care - State/Local Government Agency [Non-U.S.]. 2006 Apr 7. 14 pages. NGC:005232

[Other Guidelines from this Developer](#)

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- [ACR Appropriateness Criteria® acute chest pain—suspected pulmonary embolism.](#) American College of Radiology - Medical Specialty Society. 1995 (revised 2006). 5 pages. NGC:005542

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- [American Association of Clinical Endocrinologists and Associazione Medici Endocrinologi medical guidelines for clinical practice for the diagnosis and management of thyroid nodules.](#) American Association of Clinical Endocrinologists - Medical Specialty Society  
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- [ACR Appropriateness Criteria® shortness of breath--suspected cardiac origin.](#) American College of Radiology - Medical Specialty Society. 1995 (revised 2006). 5 pages. NGC:005112

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- [ACR Appropriateness Criteria® suspected bacterial endocarditis.](#) American College of Radiology - Medical Specialty Society. 1998 (revised 2006). 5 pages. NGC:005113

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- [ACR Appropriateness Criteria® congestive heart failure.](#) American College of Radiology - Medical Specialty Society. 2003 (revised 2006). 4 pages. NGC:005125

[Other Guidelines from this Developer](#)

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- [ACC/AHA 2005 guideline update for the diagnosis and management of chronic heart failure in the adult. A report of the American College of Cardiology/American Heart Association Task](#)

[Force on Practice Guidelines \(Writing Committee to Update the 2001 Guidelines for the Evaluation and Management of Heart Failure\)](#). American College of Cardiology Foundation - Medical Specialty Society  
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[Knee pain or swelling: acute or chronic](#). University of Michigan Health System - Academic Institution. 1997 Nov (revised 2005 Apr). 13 pages. NGC:004491

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[Management of patients with lung cancer. A national clinical guideline](#). Scottish Intercollegiate Guidelines Network - National Government Agency [Non-U.S.]. 1998 Feb (revised 2005 Feb). 63 pages. NGC:004159

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[Guidelines for the diagnosis and treatment of chronic heart failure \(update 2005\)](#). European Society of Cardiology - Medical Specialty Society. 2001 Sep (revised 2005). 45 pages. **[NGC Update Pending]** NGC:004345

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Your search criteria:

**Keyword:** *Cardiac Nuclear*

**Guideline Categories:** *Diagnosis*

**Methods Used to Analyze the Evidence:** *Meta-Analysis, Meta-Analysis of Individual Patient Data, Meta-Analysis of Randomized Controlled Trials, Meta-Analysis of Summarized Patient Data, Review of Published Meta-Analyses, Systematic Review with Evidence Tables*

**Publication Date(s):** *2009, 2008, 2007, 2006, 2005*

**Sort Order:** *Publication Date*

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To view a guideline summary, click on a title below.

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**Title**

[Guidelines on the diagnosis and treatment of acute heart failure.](#) European Society of Cardiology - Medical Specialty Society. 2005. 36 pages. **[NGC Update Pending]**  
NGC:004184

[Other Guidelines from this Developer](#)

[ACR Appropriateness Criteria@ chronic neck pain.](#) American College of Radiology - Medical Specialty Society. 1998 (revised 2005). 7 pages. **[NGC Update Pending]** NGC:004629

[Other Guidelines from this Developer](#)

[ACR Appropriateness Criteria@ rib fractures.](#) American College of Radiology - Medical Specialty Society. 1995 (revised 2005). 5 pages. **[NGC Update Pending]** NGC:004640

[Other Guidelines from this Developer](#)

[or enzyme evidence of myocardial ischemia/infarction.](#) American College of Radiology - Medical Specialty Society. 1998 (revised 2005). 5 pages. **[NGC Update Pending]** NGC:004770



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Your search criteria:

**Keyword:** *Cervical MRI*

**Guideline Categories:** *Diagnosis*

**Methods Used to Analyze the Evidence:** *Decision Analysis, Meta-Analysis, Meta-Analysis of Observational Trials, Meta-Analysis of Randomized Controlled Trials, Review of Published Meta-Analyses, Systematic Review with Evidence Tables*

**Publication Date(s):** *2009, 2008, 2007, 2006, 2005*

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[Clinical practice guideline: benign paroxysmal positional vertigo.](#) American Academy of Otolaryngology - Head and Neck Surgery Foundation - Medical Specialty Society. 2008 Nov. 35 pages. NGC:006814

[Other Guidelines from this Developer](#)



[Diagnostic imaging practice guidelines for musculoskeletal complaints in adults - an evidence-based approach. Part 3: spinal disorders.](#) Canadian Protective Chiropractic Association - Professional Association  
l'Université du Québec à Trois-Rivières - Academic Institution. 2008 Jan. 56 pages. NGC:006703

[Other Guidelines from this Developer](#)



[Management of cervical cancer.](#) Scottish Intercollegiate Guidelines Network - National Government Agency [Non-U.S.]. 2008 Jan. 77 pages. NGC:006233

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[Diagnosis of breast disease.](#) Institute for Clinical Systems Improvement - Private Nonprofit

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[Other Guidelines from this Developer](#)

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[Ankle & foot \(acute & chronic\)](#). Work Loss Data Institute - Public For Profit Organization. 2003 (revised 2008 Apr 15). 152 pages. NGC:006552

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[Carpal tunnel syndrome \(acute & chronic\)](#). Work Loss Data Institute - Public For Profit Organization. 2003 (revised 2008 May 19). 209 pages. NGC:006554

[Other Guidelines from this Developer](#)

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[Elbow \(acute & chronic\)](#). Work Loss Data Institute - Public For Profit Organization. 2003 (revised 2008 May 28). 161 pages. NGC:006555

[Other Guidelines from this Developer](#)

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[Forearm, wrist, & hand \(acute & chronic\), not including carpal tunnel syndrome](#). Work Loss Data Institute - Public For Profit Organization. 2004 (revised 2008 May 29). 128 pages. NGC:006557

[Other Guidelines from this Developer](#)

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[Neck and upper back \(acute & chronic\)](#). Work Loss Data Institute - Public For Profit Organization. 2003 (revised 2008 May 7). 283 pages. NGC:006563

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[Shoulder \(acute & chronic\)](#). Work Loss Data Institute - Public For Profit Organization. 2003 (revised 2008 May 28). 217 pages. NGC:006566

[Other Guidelines from this Developer](#)

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[Diagnostic imaging guideline for musculoskeletal complaints in adults - an evidence-based approach. Part 2: upper extremity disorders](#). Canadian Protective Chiropractic Association - Professional Association  
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[Thyroid carcinoma](#). Association of Comprehensive Cancer Centres - Disease Specific Society. 2007 Jun. 146 pages. NGC:006062

[Other Guidelines from this Developer](#)

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[Diagnosis and treatment of headache](#). Institute for Clinical Systems Improvement - Private Nonprofit Organization. 1998 Aug (revised 2007 Jan). 72 pages. **[NGC Update Pending]**  
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[ACR Appropriateness Criteria® suspected spine trauma](#). American College of Radiology - Medical Specialty Society. 2007. 17 pages. NGC:006010

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[Diagnosis and management of head and neck cancer. A national clinical guideline](#). Scottish Intercollegiate Guidelines Network - National Government Agency [Non-U.S.]. 2006 Oct. 90 pages. NGC:005342

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[Traumatic brain injury: diagnosis, acute management and rehabilitation](#). New Zealand Guidelines Group - Private Nonprofit Organization. 2006 Jul. 240 pages. NGC:005397

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[A systematic review on the diagnosis and treatment of primary \(idiopathic\) dystonia and dystonia plus syndromes: report of an EFNS/MDS-ES Task Force](#). European Federation of Neurological Societies - Medical Specialty Society. 2006 May. 12 pages. NGC:005481

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[ACR Appropriateness Criteria® chronic chest pain—suspected cardiac origin.](#) American College of Radiology - Medical Specialty Society. 1995 (revised 2006). 6 pages. NGC:005543

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[ACR Appropriateness Criteria® cerebrovascular disease.](#) American College of Radiology - Medical Specialty Society. 1996 (revised 2006). 20 pages. NGC:005545

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[ACR Appropriateness Criteria® ataxia.](#) American College of Radiology - Medical Specialty Society. 1999 (revised 2006). 10 pages. NGC:005547

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[ACR Appropriateness Criteria® screening for pulmonary metastases.](#) American College of Radiology - Medical Specialty Society. 1995 (revised 2006). 7 pages. NGC:005549

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[ACR Appropriateness Criteria@ head trauma.](#) American College of Radiology - Medical Specialty Society. 1996 (revised 2006). 12 pages. **[NGC Update Pending]** NGC:005118

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[Other Guidelines from this Developer](#)



[ACR Appropriateness Criteria® second and third trimester bleeding.](#) American College of Radiology - Medical Specialty Society. 1996 (revised 2005). 2 pages. NGC:004652

[Other Guidelines from this Developer](#)



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[ACR Appropriateness Criteria® suspected upper extremity deep vein thrombosis \(DVT\).](#) American College of Radiology - Medical Specialty Society. 1995 (revised 2005). 5 pages. NGC:004795

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Your search criteria:

**Keyword:** *Lower Joint MRI*

**Guideline Categories:** *Diagnosis*

**Methods Used to Analyze the Evidence:** *Decision Analysis, Meta-Analysis, Meta-Analysis of Observational Trials, Meta-Analysis of Randomized Controlled Trials, Review of Published Meta-Analyses, Systematic Review with Evidence Tables*

**Publication Date(s):** *2009, 2008, 2007, 2006, 2005*

**Sort Order:** *Publication Date*

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**Title**



[Adult low back pain](#). Institute for Clinical Systems Improvement - Private Nonprofit Organization. 1994 Jun (revised 2008 Nov). 66 pages. NGC:006888

[Other Guidelines from this Developer](#)



[Diagnosis and initial treatment of ischemic stroke](#). Institute for Clinical Systems Improvement - Private Nonprofit Organization. 2001 Oct (revised 2008 Jun). 57 pages. NGC:006681

[Other Guidelines from this Developer](#)



[Diagnostic imaging practice guidelines for musculoskeletal complaints in adults - an evidence-based approach. Part 3: spinal disorders](#). Canadian Protective Chiropractic Association - Professional Association  
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[Other Guidelines from this Developer](#)

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[Other Guidelines from this Developer](#)

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[Ultrasonographic examinations: indications and preparation of the patient](#). Finnish Medical Society Duodecim - Professional Association. 2000 Apr 18 (revised 2007 Jan 11). Various pagings. NGC:005501

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- [American Academy of Orthopaedic Surgeons clinical guideline on diagnosis of carpal tunnel syndrome.](#) American Academy of Orthopaedic Surgeons - Medical Specialty Society. 2007 May 19. 72 pages. NGC:005664

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- [Diagnosis and treatment of degenerative lumbar spinal stenosis.](#) North American Spine Society - Medical Specialty Society. 2002 (revised 2007 Jan). 262 pages. NGC:005896

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- [Guidelines for the management of colorectal cancer.](#) Association of Coloproctology of Britain and Ireland - Medical Specialty Society. 2001 (revised 2007). 117 pages. NGC:005904

[Other Guidelines from this Developer](#)

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- [ACR Appropriateness Criteria® suspected spine trauma.](#) American College of Radiology - Medical Specialty Society. 2007. 17 pages. NGC:006010

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- [ACR Appropriateness Criteria® limping child: ages 0-5 years.](#) American College of Radiology - Medical Specialty Society. 1995 (revised 2007). 5 pages. NGC:006011

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- [European Federation of Neurological Societies/Peripheral Nerve Society guideline on management of chronic inflammatory demyelinating polyradiculoneuropathy: report of a joint task force of the European Federation of Neurological Societies and the Peripheral Nerve Society.](#) European Federation of Neurological Societies - Medical Specialty Society  
Peripheral Nerve Society - Disease Specific Society. 2006 Apr. 7 pages. NGC:005480

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- [European Federation of Neurological Societies/Peripheral Nerve Society Guideline on management of multifocal motor neuropathy. Report of a joint task force of the European Federation of Neurological Societies and the Peripheral Nerve Society.](#) European Federation of Neurological Societies - Medical Specialty Society  
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[Other Guidelines from this Developer](#)

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[Dementia: supporting people with dementia and their carers in health and social care.](#) National Collaborating Centre for Mental Health - National Government Agency [Non-U.S.]. 2006 Nov. 417 pages. NGC:005362

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## NGC Search Results

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Your search criteria:

**Keyword:** *Lower Joint MRI*

**Guideline Categories:** *Diagnosis*

**Methods Used to Analyze the Evidence:** *Decision Analysis, Meta-Analysis, Meta-Analysis of Observational Trials, Meta-Analysis of Randomized Controlled Trials, Review of Published Meta-Analyses, Systematic Review with Evidence Tables*

**Publication Date(s):** *2009, 2008, 2007, 2006, 2005*

**Sort Order:** *Publication Date*

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[Knee pain or swelling: acute or chronic.](#) University of Michigan Health System - Academic Institution. 1997 Nov (revised 2005 Apr). 13 pages. NGC:004491  
[Other Guidelines from this Developer](#)

[Management of patients with lung cancer. A national clinical guideline.](#) Scottish Intercollegiate Guidelines Network - National Government Agency [Non-U.S.]. 1998 Feb (revised 2005 Feb). 63 pages. NGC:004159  
[Other Guidelines from this Developer](#)

[The diagnosis and treatment of lung cancer.](#) National Collaborating Centre for Acute Care - National Government Agency [Non-U.S.]. 2005 Feb. 538 pages. NGC:004133  
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## NGC Search Results

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Your search criteria:

**Keyword:** *Lumbar MRI*

**Guideline Categories:** *Diagnosis*

**Methods Used to Analyze the Evidence:** *Decision Analysis, Meta-Analysis, Meta-Analysis of Observational Trials, Meta-Analysis of Randomized Controlled Trials, Review of Published Meta-Analyses, Systematic Review with Evidence Tables*

**Publication Date(s):** *2009, 2008, 2007, 2006, 2005*

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Items 1 to 20

### Title

[Diagnosis and management of headache in adults. A national clinical guideline.](#) Scottish Intercollegiate Guidelines Network - National Government Agency [Non-U.S.]. 2008 Nov. 81 pages. NGC:006857

[Other Guidelines from this Developer](#)

[Adult low back pain.](#) Institute for Clinical Systems Improvement - Private Nonprofit Organization. 1994 Jun (revised 2008 Nov). 66 pages. NGC:006888

[Other Guidelines from this Developer](#)

[Clinical policy: critical issues in the evaluation and management of adult patients presenting to the emergency department with acute headache.](#) American College of Emergency Physicians - Medical Specialty Society. 2002 (revised 2008 Oct). 30 pages. NGC:006719

[Other Guidelines from this Developer](#)

[Diagnosis and initial treatment of ischemic stroke.](#) Institute for Clinical Systems Improvement - Private Nonprofit Organization. 2001 Oct (revised 2008 Jun). 57 pages. NGC:006681

[Other Guidelines from this Developer](#)

[Diagnostic imaging practice guidelines for musculoskeletal complaints in adults - an evidence-based approach. Part 3: spinal disorders.](#) Canadian Protective Chiropractic Association - Professional Association  
l'Université du Québec à Trois-Rivières - Academic Institution. 2008 Jan. 56 pages. NGC:006703

[Other Guidelines from this Developer](#)

[Head \(trauma, headaches, etc., not including stress & mental disorders\).](#) Work Loss Data Institute - Public For Profit Organization. 2006 (revised 2008 Apr 21). 152 pages. NGC:006558

[Other Guidelines from this Developer](#)

[Knee & leg \(acute & chronic\).](#) Work Loss Data Institute - Public For Profit Organization. 2003 (revised 2008 May 7). 289 pages. NGC:006561

[Other Guidelines from this Developer](#)

[Low back - lumbar & thoracic \(acute & chronic\).](#) Work Loss Data Institute - Public For Profit Organization. 2003 (revised 2008 Jun 10). 481 pages. NGC:006562

[Other Guidelines from this Developer](#)

[Diagnosis and treatment of degenerative lumbar spondylolisthesis.](#) North American Spine Society - Medical Specialty Society. 2008. 133 pages. NGC:006568

[Other Guidelines from this Developer](#)

[Practice parameter: evaluating an apparent unprovoked first seizure in adults \(an evidence-based review\). Report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Epilepsy Society.](#) American Academy of Neurology - Medical Specialty Society American Epilepsy Society - Disease Specific Society. 2007 Nov 20. 12 pages. NGC:006747

[Other Guidelines from this Developer](#)

[Guidelines for the early management of adults with ischemic stroke. A guideline from the American Heart Association/American Stroke Association Stroke Council, Clinical Cardiology Council, Cardiovascular Radiology and Intervention Council, and the Atherosclerotic Peripheral Vascular Disease and Quality of Care Outcomes in Research Interdisciplinary Working Groups.](#) American Heart Association - Professional Association American Stroke Association - Disease Specific Society. 2007 Apr 12. 58 pages. NGC:005693

[Other Guidelines from this Developer](#)

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[Other Guidelines from this Developer](#)

[Diagnosis and treatment of degenerative lumbar spinal stenosis.](#) North American Spine Society - Medical Specialty Society. 2002 (revised 2007 Jan). 262 pages. NGC:005896

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[ACR Appropriateness Criteria® dementia and movement disorders.](#) American College of Radiology - Medical Specialty Society. 1996 (revised 2007). 15 pages. NGC:006012

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[ACR Appropriateness Criteria® suspected spine trauma.](#) American College of Radiology - Medical Specialty Society. 2007. 17 pages. NGC:006010

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[Low back disorders.](#) American College of Occupational and Environmental Medicine - Medical Specialty Society. 1997 (revised 2007). 366 pages. NGC:006456

[Other Guidelines from this Developer](#)

[Epilepsy in adults](#). Singapore Ministry of Health - National Government Agency [Non-U.S.]. 2007 Jan. 43 pages. NGC:005532

[Other Guidelines from this Developer](#)

[Practice parameter: diagnostic assessment of the child with status epilepticus \(an evidence-based review\)](#). American Academy of Neurology - Medical Specialty Society  
Child Neurology Society - Medical Specialty Society. 2006 Nov. 9 pages. NGC:005536

[Other Guidelines from this Developer](#)

[Guidelines on the diagnosis and management of multiple myeloma 2005](#). British Committee for Standards in Haematology - Professional Association. 2006 Feb. 42 pages. NGC:005100

[Other Guidelines from this Developer](#)

[Leptomeningeal metastases](#). Association of Comprehensive Cancer Centres - Disease Specific Society. 2006 Jan. 71 pages. NGC:006064

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**Keyword:** *Lumbar MRI*

**Guideline Categories:** *Diagnosis*

**Methods Used to Analyze the Evidence:** *Decision Analysis, Meta-Analysis, Meta-Analysis of Observational Trials, Meta-Analysis of Randomized Controlled Trials, Review of Published Meta-Analyses, Systematic Review with Evidence Tables*

**Publication Date(s):** *2009, 2008, 2007, 2006, 2005*

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[Tuberculosis: clinical diagnosis and management of tuberculosis, and measures for its prevention and control.](#) National Collaborating Centre for Chronic Conditions - National Government Agency [Non-U.S.]. 2006. 215 pages. NGC:004877

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[ACR Appropriateness Criteria® headache.](#) American College of Radiology - Medical Specialty Society. 1996 (revised 2006). 8 pages. NGC:005120

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[ACR Appropriateness Criteria® cerebrovascular disease.](#) American College of Radiology - Medical Specialty Society. 1996 (revised 2006). 20 pages. NGC:005545

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[ACR Appropriateness Criteria® ataxia.](#) American College of Radiology - Medical Specialty Society. 1999 (revised 2006). 10 pages. NGC:005547

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[ACR Appropriateness Criteria® plexopathy.](#) American College of Radiology - Medical Specialty Society. 2006. 13 pages. NGC:005539

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[Improving outcomes in children and young people with cancer.](#) National Collaborating Centre for Cancer - National Government Agency [Non-U.S.]. 2005 Aug. 194 pages. NGC:004501

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[ACR Appropriateness Criteria® claudication.](#) American College of Radiology - Medical Specialty Society. 1995 (revised 2005). 6 pages. NGC:004624

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[ACR Appropriateness Criteria® metastatic bone disease.](#) American College of Radiology - Medical Specialty Society. 1995 (revised 2005). 11 pages. NGC:004630

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[ACR Appropriateness Criteria® low back pain.](#) American College of Radiology - Medical Specialty Society. 1996 (revised 2005). 7 pages. **[NGC Update Pending]** NGC:004786

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[ACR Appropriateness Criteria® developmental dysplasia of the hip](#). American College of Radiology - Medical Specialty Society. 1999 (revised 2005). 8 pages. **[NGC Update Pending]** NGC:004788

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[ACR Appropriateness Criteria® headache - child](#). American College of Radiology - Medical Specialty Society. 1999 (revised 2005). 6 pages. **[NGC Update Pending]** NGC:004790

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**Guideline Categories:** *Diagnosis*

**Methods Used to Analyze the Evidence:** *Decision Analysis, Meta-Analysis, Meta-Analysis of Observational Trials, Meta-Analysis of Randomized Controlled Trials, Review of Published Meta-Analyses, Systematic Review with Evidence Tables*

**Publication Date(s):** *2009, 2008, 2007, 2006, 2005*

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Your search found 33 related guidelines, which are listed below by publication date. Use the "Limit Search" button to sort by relevance.

To view a guideline summary, click on a title below.

Items 1 to 20

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[Guidelines on testicular cancer](#). European Association of Urology - Medical Specialty Society.  
2008 Mar. 54 pages. NGC:006449

[Other Guidelines from this Developer](#)

[Management of cervical cancer.](#) Scottish Intercollegiate Guidelines Network - National Government Agency [Non-U.S.]. 2008 Jan. 77 pages. NGC:006233

[Other Guidelines from this Developer](#)

[Evaluation of patients with pulmonary nodules: when is it lung cancer?: ACCP evidence-based clinical practice guidelines. \(2nd Edition\)](#) American College of Chest Physicians - Medical Specialty Society. 2003 Jan (revised 2007 Sep). 23 pages. NGC:005927

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[The noninvasive staging of non-small cell lung cancer: ACCP evidenced-based clinical practice guidelines. \(2nd Edition\)](#) American College of Chest Physicians - Medical Specialty Society. 2003 Jan (revised 2007 Sep). 24 pages. NGC:005931

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[Invasive mediastinal staging of lung cancer: ACCP evidence-based clinical practice guidelines. \(2nd Edition\)](#) American College of Chest Physicians - Medical Specialty Society. 2003 Jan (revised 2007 Sep). 19 pages. NGC:005932

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[Special treatment issues in lung cancer: ACCP evidence-based clinical practice guidelines. \(2nd Edition\)](#) American College of Chest Physicians - Medical Specialty Society. 2003 Jan (revised 2007 Sep). 16 pages. NGC:005938

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[Management of small cell lung cancer: ACCP evidence-based clinical practice guidelines. \(2nd Edition\)](#) American College of Chest Physicians - Medical Specialty Society. 2003 Jan (revised 2007 Sep). 16 pages. NGC:005939

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[Bronchioloalveolar lung cancer: ACCP evidence-based clinical practice guidelines. \(2nd Edition\)](#) American College of Chest Physicians - Medical Specialty Society. 2007 Sep. 8 pages. NGC:005944

[Other Guidelines from this Developer](#)

[18-Fluorodeoxyglucose positron emission tomography in the diagnosis and staging of lung cancer: a clinical practice guideline.](#) Program in Evidence-based Care - State/Local Government Agency [Non-U.S.]. 2007 Apr. 54 pages. NGC:006238

[Other Guidelines from this Developer](#)

[Guideline for the use of imaging in the management of myeloma.](#) British Committee for Standards in Haematology - Professional Association. 2007 Apr. 15 pages. NGC:006178

[Other Guidelines from this Developer](#)

[ACR Appropriateness Criteria® pretreatment staging of invasive bladder cancer.](#) American College of Radiology - Medical Specialty Society. 1995 (revised 2007). 8 pages. NGC:005999

[Other Guidelines from this Developer](#)

[ACR Appropriateness Criteria® renal cell carcinoma staging.](#) American College of Radiology - Medical Specialty Society. 1995 (revised 2007). 8 pages. NGC:006001

[Other Guidelines from this Developer](#)

[ACR Appropriateness Criteria® staging and follow-up of ovarian cancer.](#) American College of Radiology - Medical Specialty Society. 1996 (revised 2007). 5 pages. NGC:006007

[Other Guidelines from this Developer](#)

[Diagnosis and management of head and neck cancer. A national clinical guideline.](#) Scottish Intercollegiate Guidelines Network - National Government Agency [Non-U.S.]. 2006 Oct. 90 pages. NGC:005342

[Other Guidelines from this Developer](#)

[EFNS guidelines on diagnosis and treatment of brain metastases: report of an EFNS Task Force.](#) European Federation of Neurological Societies - Medical Specialty Society. 2006 Jul. 8 pages. NGC:005485

[Other Guidelines from this Developer](#)

[Management of oesophageal and gastric cancer. A national clinical guideline.](#) Scottish Intercollegiate Guidelines Network - National Government Agency [Non-U.S.]. 2006 Jun. 69 pages. NGC:005071

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[Cross-sectional imaging in colorectal cancer.](#) Program in Evidence-based Care - State/Local Government Agency [Non-U.S.]. 2006 Apr 12. 19 pages. NGC:005229

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[Diagnostic imaging in the assessment of metastatic and recurrent ovarian cancer.](#) Program in Evidence-based Care - State/Local Government Agency [Non-U.S.]. 2006 Apr 7. 14 pages. NGC:005232

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[Diagnostic imaging in lymphoma.](#) Program in Evidence-based Care - State/Local Government Agency [Non-U.S.]. 2006 Mar 8. 17 pages. NGC:005231

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[Improving outcomes for people with skin tumours including melanoma.](#) National Collaborating Centre for Cancer - National Government Agency [Non-U.S.]. 2006 Feb. 174 pages. NGC:004876

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**Keyword:** *Oncology PET*

**Guideline Categories:** *Diagnosis*

**Methods Used to Analyze the Evidence:** *Decision Analysis, Meta-Analysis, Meta-Analysis of Observational Trials, Meta-Analysis of Randomized Controlled Trials, Review of Published Meta-Analyses, Systematic Review with Evidence Tables*

**Publication Date(s):** *2009, 2008, 2007, 2006, 2005*

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[Consultation and referral guidelines citing the evidence: how the allergist-immunologist can help.](#)  
American Academy of Allergy, Asthma and Immunology - Medical Specialty Society. 2006 Feb.  
29 pages. NGC:005003

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[ACR Appropriateness Criteria® follow-up of malignant or aggressive musculoskeletal tumors.](#)

American College of Radiology - Medical Specialty Society. 1998 (revised 2006). 11 pages.

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[ACR Appropriateness Criteria® screening for pulmonary metastases.](#)

American College of Radiology - Medical Specialty Society. 1995 (revised 2006). 7 pages. NGC:005549

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[ACR Appropriateness Criteria® plexopathy.](#)

American College of Radiology - Medical Specialty Society. 2006. 13 pages. NGC:005539

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[American Gastroenterological Association medical position statement: role of the gastroenterologist in the management of esophageal carcinoma.](#)

American Gastroenterological Association Institute - Medical Specialty Society. 2005 May. 3 pages. NGC:004310

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[Management of patients with lung cancer. A national clinical guideline.](#)

Scottish Intercollegiate Guidelines Network - National Government Agency [Non-U.S.]. 1998 Feb (revised 2005 Feb).

63 pages. NGC:004159

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[The diagnosis and treatment of lung cancer.](#)

National Collaborating Centre for Acute Care - National Government Agency [Non-U.S.]. 2005 Feb. 538 pages. NGC:004133

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[ACR Appropriateness Criteria® solitary pulmonary nodule.](#)

American College of Radiology - Medical Specialty Society. 1995 Sep (revised 2005). 5 pages. [NGC Update Pending]

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[ACR Appropriateness Criteria® suspected liver metastases.](#)

American College of Radiology - Medical Specialty Society. 1998 (revised 2005). 8 pages. [NGC Update Pending] NGC:004627

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[ACR Appropriateness Criteria® staging of bronchogenic carcinoma.](#) American College of Radiology - Medical Specialty Society. 1996 (revised 2005). 9 pages. **[NGC Update Pending]**  
NGC:004641

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[ACR Appropriateness Criteria® suspected adnexal masses.](#) American College of Radiology - Medical Specialty Society. 1996 (revised 2005). 10 pages. NGC:004653

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[ACR Appropriateness Criteria® bone tumors.](#) American College of Radiology - Medical Specialty Society. 1995 (revised 2005). 5 pages. NGC:004783

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[ACR Appropriateness Criteria® soft tissue masses.](#) American College of Radiology - Medical Specialty Society. 1995 (revised 2005). 6 pages. NGC:004784

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**Publication Date(s):** *2009, 2008, 2007, 2006, 2005*

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[Adult low back pain.](#) Institute for Clinical Systems Improvement - Private Nonprofit Organization. 1994 Jun (revised 2008 Nov). 66 pages. NGC:006888

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[The diagnosis and management of rhinitis. An updated practice parameter.](#) American Academy of Allergy, Asthma and Immunology - Medical Specialty Society  
 American College of Allergy, Asthma and Immunology - Medical Specialty Society  
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[Diagnostic imaging guideline for musculoskeletal complaints in adults - an evidence-based approach. Part 2: upper extremity disorders.](#) Canadian Protective Chiropractic Association - Professional Association  
 l'Université du Québec à Trois-Rivières - Academic Institution. 2008 Jan. 31 pages. NGC:006702

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- [Ankle & foot \(acute & chronic\)](#). Work Loss Data Institute - Public For Profit Organization. 2003 (revised 2008 Apr 15). 152 pages. NGC:006552

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- [Elbow \(acute & chronic\)](#). Work Loss Data Institute - Public For Profit Organization. 2003 (revised 2008 May 28). 161 pages. NGC:006555

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- [Forearm, wrist, & hand \(acute & chronic\), not including carpal tunnel syndrome](#). Work Loss Data Institute - Public For Profit Organization. 2004 (revised 2008 May 29). 128 pages. NGC:006557

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- [Neck and upper back \(acute & chronic\)](#). Work Loss Data Institute - Public For Profit Organization. 2003 (revised 2008 May 7). 283 pages. NGC:006563

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- [Shoulder \(acute & chronic\)](#). Work Loss Data Institute - Public For Profit Organization. 2003 (revised 2008 May 28). 217 pages. NGC:006566

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- [Ultrasonographic examinations: indications and preparation of the patient](#). Finnish Medical Society Duodecim - Professional Association. 2000 Apr 18 (revised 2007 Jan 11). Various pagings. NGC:005501

[Other Guidelines from this Developer](#)

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- [American Academy of Orthopaedic Surgeons clinical guideline on diagnosis of carpal tunnel syndrome](#). American Academy of Orthopaedic Surgeons - Medical Specialty Society. 2007 May 19. 72 pages. NGC:005664

[Other Guidelines from this Developer](#)

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- [Guidelines for the management of colorectal cancer](#). Association of Coloproctology of Britain and Ireland - Medical Specialty Society. 2001 (revised 2007). 117 pages. NGC:005904

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- [European Federation of Neurological Societies/Peripheral Nerve Society guideline on management of chronic inflammatory demyelinating polyradiculoneuropathy: report of a joint task force of the European Federation of Neurological Societies and the Peripheral Nerve Society.](#) European Federation of Neurological Societies - Medical Specialty Society  
Peripheral Nerve Society - Disease Specific Society. 2006 Apr. 7 pages. NGC:005480

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- [European Federation of Neurological Societies/Peripheral Nerve Society Guideline on management of multifocal motor neuropathy. Report of a joint task force of the European Federation of Neurological Societies and the Peripheral Nerve Society.](#) European Federation of Neurological Societies - Medical Specialty Society  
Peripheral Nerve Society - Disease Specific Society. 2006 Mar. 8 pages. NGC:005171

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- [Knee pain or swelling: acute or chronic.](#) University of Michigan Health System - Academic Institution. 1997 Nov (revised 2005 Apr). 13 pages. NGC:004491

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- [ACR Appropriateness Criteria® chronic elbow pain.](#) American College of Radiology - Medical Specialty Society. 1998 (revised 2005). 5 pages. **[NGC Update Pending]** NGC:004605

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- [ACR Appropriateness Criteria® acute hand and wrist trauma.](#) American College of Radiology - Medical Specialty Society. 1998 (revised 2005). 8 pages. **[NGC Update Pending]**  
NGC:004607

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- [ACR Appropriateness Criteria® chronic wrist pain.](#) American College of Radiology - Medical Specialty Society. 1998 (revised 2005). 7 pages. NGC:004619

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- [ACR Appropriateness Criteria® shoulder trauma.](#) American College of Radiology - Medical Specialty Society. 1995 (revised 2005). 6 pages. NGC:004632

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[ACR Appropriateness Criteria® staging of bronchogenic carcinoma](#). American College of Radiology - Medical Specialty Society. 1996 (revised 2005). 9 pages. **[NGC Update Pending]** NGC:004641

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