



AGREE II

**A critical appraisal of:
CAN-ADAPTT (the Canadian Action
Network for the Advancement,
Dissemination and Adoption of Practice-
informed Tobacco Treatment) Smoking
Cessation Guidelines
using the AGREE II Instrument**

Created with the AGREE II Online Guideline Appraisal Tool.

No endorsement of the content of this document by the AGREE Research Trust should be implied.

Appraiser: Diane Hua-Stewart

Date: 22 November 2017

Email: diane.hua@sunnybrook.ca

URL of this appraisal: <http://www.agreetrust.org/appraisal/51193>

Guideline URL:

<https://www.nicotinedependenceclinic.com/english/canadaptt/guideline/introduction.aspx>

Overall Assessment

Title: CAN-ADAPTT (the Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment) Smoking Cessation Guidelines

Overall quality of this guideline: 7/7

Guideline recommended for use? Yes.

Notes:

Addition of BMJ 2017 paper was very helpful and included more reporting details on guidelines development process.

Domain	Total
1. Scope and Purpose	21
2. Stakeholder Involvement	17
3. Rigour of Development	54
4. Clarity of Presentation	20
5. Applicability	24
6. Editorial Independence	13

1. Scope and Purpose

1. The overall objective(s) of the guideline is (are) specifically described.

Rating: 7

2. The health question(s) covered by the guideline is (are) specifically described.

Rating: 7

3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.

Rating: 7

2. Stakeholder Involvement

4. The guideline development group includes individuals from all relevant professional groups.

Rating: 6

The guideline development group and their role is well described including the composition of the group, however it is not explicitly stated who the HCP members are, their affiliations etc. Items to report: For each member of the guideline development group, the following information is included: -name -discipline/content expertise (e.g., neurosurgeon, methodologist) -institution (e.g., St. Peter's hospital) -geographical location (e.g., Seattle, WA) -a description of the member's role in the guideline development group

5. The views and preferences of the target population (patients, public, etc.) have been sought.

Rating: 4

Explicit statement that no formal patient or public involvement was undertaken to prevent tokenism. Though potential target end users providing input may have been former/current smokers or family members of people affected by smoking from the members engaged in the guidelines process. No views and preferences sought through literature. ** Items to report: Item content includes the following CRITERIA: - statement of type of strategy used to capture patients'/public's' views and preferences (e.g., participation in the guideline development group, literature review of values and preferences) - methods by which preferences and views were sought (e.g., evidence from literature, surveys, focus groups) - outcomes/information gathered on patient/public information - description of how the information gathered was used to inform the guideline development process and/or formation of the recommendations

6. The target users of the guideline are clearly defined.

Rating: 7

3. Rigour of Development

7. Systematic methods were used to search for evidence.

Rating: 7

Like the addition of AGREE plus to adapt to the Canadian context

8. The criteria for selecting the evidence are clearly described.

Rating: 7

9. The strengths and limitations of the body of evidence are clearly described.

Rating: 7

10. The methods for formulating the recommendations are clearly described.

Rating: 6

Items to report on include the following: Item content includes the following CRITERIA: - description of the recommendation development process (e.g., steps used in modified Delphi technique, voting procedures that were considered) -outcomes of the recommendation development process (e.g., extent to which consensus was reached using modified Delphi technique, outcome of voting procedures) -description of how the process influenced the recommendations (e.g., results of Delphi technique influence final recommendation, alignment with recommendations and the final vote)

11. The health benefits, side effects, and risks have been considered in formulating the recommendations.

Rating: 7

12. There is an explicit link between the recommendations and the supporting evidence.

Rating: 6

Item content includes the following CRITERIA: -the guideline describes how the guideline development group linked and used the evidence to inform recommendations -each recommendation is linked to a key evidence description/paragraph and/or reference list - recommendations linked to evidence summaries, evidence tables in the results section of the guideline

13. The guideline has been externally reviewed by experts prior to its publication.

Rating: 7

14. A procedure for updating the guideline is provided.

Rating: 7

4. Clarity of Presentation

15. The recommendations are specific and unambiguous.

Rating: 6

16. The different options for management of the condition or health issue are clearly presented.

Rating: 7

17. Key recommendations are easily identifiable.

Rating: 7

5. Applicability

18. The guideline describes facilitators and barriers to its application.

Rating: 6

More information needed. Item content can include the following CRITERIA: -identification of the types of facilitators and barriers that were considered -methods by which information regarding the facilitators and barriers to implementing recommendations were sought (e.g., feedback from key stakeholders, pilot testing of guidelines before widespread implementation) -information/description of the types of facilitators and barriers that emerged from the inquiry (e.g., practitioners have the skills to deliver the recommended care, sufficient equipment is not available to ensure all eligible members of the population receive mammography) -description of how the information influenced the guideline development process and/or formation of the recommendations

19. The guideline provides advice and/or tools on how the recommendations can be put into practice.

Rating: 7

20. The potential resource implications of applying the recommendations have been considered.

Rating: 7

21. The guideline presents monitoring and/or auditing criteria.

Rating: 4

Item content to report on include: -identification of criteria to assess guideline implementation or adherence to recommendations -criteria for assessing impact of implementing the recommendations -advice on the frequency and interval of measurement -descriptions or operational definitions of how the criteria should be measured

6. Editorial Independence

22. The views of the funding body have not influenced the content of the guideline.

Rating: 7

23. Competing interests of guideline development group members have been recorded and addressed.

Rating: 6

Item content to report includes the following CRITERIA: -description of the types of competing interests considered -methods by which potential competing interests were sought -description of the competing interests -description of how the competing interests influenced the guideline process and development of recommendation

Created online at www.agreetrust.org 22 November 2017