



# AGREE II

## **A critical appraisal of: Canadian guideline fysisk aktivitet using the AGREE II Instrument**

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Guideline URL:

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### **Overall Assessment**

Title: Canadian guideline fysisk aktivitet

Overall quality of this guideline: 6/7

Guideline recommended for use? Not stated.

<b>Domain</b>	<b>Total</b>
1. Scope and Purpose	21
2. Stakeholder Involvement	16
3. Rigour of Development	53
4. Clarity of Presentation	18
5. Applicability	19
6. Editorial Independence	14

## **1. Scope and Purpose**

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

Rating: 7

Scope and Purpose of this Review The scope of this 2015-Version 2 of CRF guideline is focused on the provision of clinical practice recommendations for members of oncology interdisciplinary team (e.g. primary care physicians, oncologists, nurses, physiotherapist, occupational therapists, rehabilitation specialists), who screen, assess, and manage CRF in their daily clinical practice. Additionally, the recommendations may also help patients and families learn about the most effective strategies for managing CRF. The recommendations apply to those with CRF across the cancer trajectory, from cancer treatment to post-treatment survivorship and palliative or end-of-life care. The guidelines focused on the adult cancer population with fatigue due to cancer and/or cancer treatment. Page 13

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

Rating: 7

Types of Participants (P) Adults (aged 18 and over) with a clinical diagnosis of cancer known to have clinically significant fatigue score >3 (moderate or severe fatigue) on a 0-10 Numeric Rating Scale or comparable scale with established cut-offs at any stage and at any point of the cancer treatment spectrum, including those undergoing curative treatment, those with advanced disease receiving palliative care, and disease-free post-cancer treatment survivors. Studies with populations without a diagnosis of any type of cancer, or did not experience clinically significant fatigue were excluded. Types of Interventions (I) Any pharmacological and any non-pharmacological (psychosocial, CBT, psychoeducation or patient education, mindfulness meditation, yoga, exercise/activity, complementary medicine) interventions for the management of CRF in adult patients. Types of Comparator (C) Comparison condition is usual care, attention control or other comparator. Studies comparing drug treatment versus no drug treatment or versus alternative drug treatment, or both were also included. Types of Outcomes (O) Outcomes (either primary or secondary) included: 1) Clinically significant improvement in fatigue or 2) Clinically significant reduction in CRF (measured by severity) or 3) Differences in fatigue severity between intervention group and controls using self-reported outcome measures Page 15

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

Rating: 7

Types of Participants (P) Adults (aged 18 and over) with a clinical diagnosis of cancer known to have clinically significant fatigue score >3 (moderate or severe fatigue) on a 0-10 Numeric Rating Scale or comparable scale with established cut-offs at any stage and at any point of the cancer treatment spectrum, including those undergoing curative treatment, those with advanced disease receiving palliative care, and disease-free post-cancer treatment survivors. Studies with populations without a diagnosis of any type of cancer, or did not experience clinically significant fatigue were excluded. Page 15

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## **2. Stakeholder Involvement**

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

Rating: 7

Representatives from alle disciplinary professions.

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

Rating: 2

CRF is reported as the most distressing side effect of cancer and treatment and causes greater interference with daily life than any other symptom<sup>6, 7</sup>. CRF also impacts on personal, social, work roles and it can have a profound negative impact on overall quality of life (QoL) Page 30 No other information on patients preference or how it was sought

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

Rating: 7

The intended users of this guideline are the primary oncology interdisciplinary team, and community practitioners such as family physicians and palliative care teams. The recommendations are intended to also be relevant to specialists in fatigue including psychology and psychiatry, and other members of the allied health care team (occupational therapists, rehabilitation specialists, physiotherapists) who provide counselling to patients in the management of cancer-related fatigue. Patients and their families may also find this guideline useful for understanding the current recommendations and evidence for management for cancer and/or treatment related fatigue. Page 31

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### **3. Rigour of Development**

#### **7. Systematic methods were used to search for evidence.**

Rating: 7

MEDLINE®, Embase®, CINAHL®, PsychINFO®, CINHAL, Cochrane Database of Systematic Reviews, and Cochrane Central® were searched from 2009 to November 23, 2014. An extensive grey literature search was also undertaken, including scan of international guideline developers and key organizations for evidence-based clinical practice guidelines, systematic reviews and ongoing trials was conducted (September, 2014) for documents about CRF. Page 14 and search strategy in appendix A

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

Rating: 7

Criteria described page 35 and 36

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

Rating: 7

Page 15 and 16 describes how they assessed the methodological quality of the included studies using AGREE, AMSTAR and RoB

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

Rating: 7

We formulated standardized 'effectiveness statements' to rate the evidence arising from reviews on physical activity and exercise for management of CRF. Using these, statements were based on the rating scheme developed by the CC&CRG; to help synthesize and rate the evidence across eligible systematic reviews<sup>84</sup>. We assessed the overall SOE across the literature using the rating approach as specified by the GRADE tables.

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

Rating: 4

The pharmacological side effects are described (page 50-51)

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

Rating: 7

Recommendations are supported by references

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

Rating: 7

Fatigue Guidelines Expert External Panel Members

**14. A procedure for updating the guideline is provided.**

Rating: 7

Scheduled for update: April 2020

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## **4. Clarity of Presentation**

**15. The recommendations are specific and unambiguous.**

Rating: 4

Counsel all patients as is safe to engage in moderate-intensity physical activity 5575% for at least 30 minutes - difficult to understand.

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

Rating: 7

both pharmacological and non-pharmacological are included

**17. Key recommendations are easily identifiable.**

Rating: 7

algorithm and recommendations are easy identifiable

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## **5. Applicability**

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

Rating: 7

Guideline Implementation To promote the uptake of the guideline across Canada and maximize its dissemination, various steps will be developed and implemented. This includes producing practice protocols for health care professionals, patient versions, translation of the guideline into French, and workshops with key health providers. An important consideration when selecting the interprofessional panel, is the ability of the panel members to disseminate and implement the guideline in their respective jurisdictions. The

partnership with the Canadian Association of Psychosocial Oncology will also ensure greater exposure for the guideline and support its implementation. In addition, the guideline will be published in a peer-reviewed journal, and posted on the websites of the Canadian Partnership Against Cancer (Cancer Journey Advisory Group) and the Canadian Association of Psychosocial Oncology. Further, the guidance will be disseminated through cancer advocacy survivorship groups, including the Canadian Cancer Action Network and the Canadian Cancer Society, and a summary of the guideline will act as an implementation tool, which will be distributed widely. It is recommended that the implementation of the guidelines in clinical practice follow a systematic knowledge translation process and use best practice strategies tailored to the local contextual health care setting to facilitate uptake. Much variability in resources across the various Canadian health jurisdictions exists but the potential resource implications of applying the recommendations is unclear as no relevant evidence was identified. Although the resources needed to implement the recommendations are unknown, there are also the resources consumed to offer current services to consider, and it is clear that increasing the health and well being of cancer survivors is an important and worthwhile investment. The guideline recommendations were developed for implementation in a variety of health settings, and criteria to monitor or audit the organization of care or clinical practice are clearly defined throughout the document. In many cases, whether or not the services are offered forms the initial criteria to assess services. With reorganization of services, subsequent program evaluations will be essential for optimizing care for cancer survivors.

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

Rating: 7

producing practice protocols for health care professionals, patient versions, translation of the guideline into French, and workshops with key health providers

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

Rating: 4

Although the resources needed to implement the recommendations are unknown, there are also the resources consumed to offer current services to consider, and it is clear that increasing the health and well being of cancer survivors is an important and worthwhile investment.

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

Rating: 1

none

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## **6. Editorial Independence**

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

Rating: 7

This practice guideline is editorially independent of the funding sources. The views and interests of the funding sources have not influenced the recommendations in this document

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

Rating: 7

Each member of the National Advisory Group acting in the role of the guideline expert panel completed a Conflict of Interest Document. No conflicts of interest were identified by members of the practice guideline writing team that could have compromised the recommendations contained within this document

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