



AGREE II

A critical appraisal of: The Japanese Guidelines for the Management of Sepsis using the AGREE II Instrument

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Guideline URL:

Overall Assessment

Title: The Japanese Guidelines for the Management of Sepsis

Overall quality of this guideline: 3/7

Guideline recommended for use? No.

Notes:

Guideline panels have to determine the overall quality of evidence across all the critical outcomes essential to a recommendation they make. Although using an existing systematic review would be the most efficient way to summarize limitations, guideline panel members must often review individual studies if they wish to ensure accurate ratings of study limitations for all relevant outcomes. As review authors increasingly adopt the GRADE approach (and in particular as Cochrane review authors do so in combination with using the Cochrane risk of bias tool), the situation will improve. Concerning about the QoE, the transparent explanation for rating-down/up (RCTs: from "high" to "moderate", "low" or "very low"; observational studies: from "low" to "moderate" or "high") should be described. I wonder all guideline panel members be in agreement on GRADE basic rule: "the overall quality of evidence results from the outcome with the lowest quality of evidence that the group judges as critical". It is completely opaque how the panel reached final agreement about the "strength of recommendation". The detail of consensus development should be explained (Did the panel use "voting"?). Strongly recommend the panel for use "RevMan5" or other tools of statistical analysis, and GRADEpro for preparing GRADE evidence profiles.

Domain	Total
1. Scope and Purpose	12
2. Stakeholder Involvement	14
3. Rigour of Development	20
4. Clarity of Presentation	11
5. Applicability	21
6. Editorial Independence	10

1. Scope and Purpose

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

Rating: 3

No, CQ is not the form of PICO. Some outcomes are not Patient-important.

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

Rating: 4

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

Rating: 5

2. Stakeholder Involvement

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

Rating: 5

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

Rating: 5

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

Rating: 4

3. Rigour of Development

7. Systematic methods were used to search for evidence.

Rating: 6

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

Rating: 2

yes, but wrong(QoE defined mainly by study design), ex, -level D: expert opinion or case series -high QoE: large RCT (>100 cases), cohort (>1000),

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

Rating: 1

Not described, (evidence not pooling). In method section (page 6), described as "conduct (systematic) literature searching, and identification for data_abstraction", but no pooled estimates were shown. No agreement on validity/precision was explained in the guideline draft.

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

Rating: 2

Not fully described. Problem is ; 1. the strength of rec. is judged using individual reference (not overall QoE across outcomes). 2. the balance of desirable/undesirable consequences can not be understandable. 3. process of rec. is not transparent.

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

Rating: 2

No. Using WORD for strong/weak rec. is not clear. ex, indication of steroids for sepsis. (page 73)

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

Rating: 3

many rec. is linking individual study not linking to the evidence for which GRADE quality evaluated.

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

Rating: 2

not described

14. A procedure for updating the guideline is provided.

Rating: 2

No

4. Clarity of Presentation

15. The recommendations are specific and unambiguous.

Rating: 3

No, The rec. is too hard to follow. •identification of the relevant population is unclear. ex) page 84: AT3 is weakly recommended in Japan, from GRADE evidence "A" (expert consensus). However, GRADE define "Expert Opinion/consensus is not evidence", "Developing recommendations always requires the opinion of experts".

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

Rating: 3

described but not clear

17. Key recommendations are easily identifiable.

Rating: 5

the definition or content of two type of GRADE recommendation is inappropriate.

5. Applicability

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

Rating: 6

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

Rating: 6

guideline summary documents; open to public

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

Rating: 4

cost information is limited

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

Rating: 5

6. Editorial Independence

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

Rating: 4

unkown

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

Rating: 6

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