Reviewer’s report

Title: Improving the Use of Research Evidence in Guideline Development: 13. Adaptation, applicability and transferability

Version: 1 Date: 13 May 2006

Reviewer: Ian Graham

Reviewer’s report:

General
The paper addresses a topic that is increasingly being recognized as important if improvements in the uptake of guidelines are to occur.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. It may be helpful for readers less familiar with the topic to be explicit that some models of adaptation have been developed by/for guideline developers (eg SIGN, the NZ and ADAPTE approaches) and other have been developed for use more by the local implementers or end user (the guidelines evaluation and adaptation cycle). While both approaches have similar goals the focus is different.

2. Page 12- 1st para- define what is meant by modifying factors (including system/organizational factors). Similarly in Table 1 Q4, maybe useful to include an example of a system/organizational factor that could be affecting applicability. Differences in health systems is an important factor affecting the need to adapt some recommendations. The example of available human resources might be another example.

3. Figure 2- please use the figure from the Graham et al 2005 paper as this is the latest version of the PGEAC and includes under the adaptation step- assessing guideline quality, currency and content

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

1 P12-13- “what should be done centrally and locally?” a discussion of the role of GIN might be warranted as much of the motivation for developing this group was to reduce duplication in guideline development by finding ways to share reviews and data tables etc.

2 P13- 1st para- could perhaps also make explicit that while the review of the evidence and interpretation of the evidence should probably be similar regardless of the group doing/using the review (further justification for centralizing this), the recommendations based on the evidence/review may well be quite different depending on the circumstances and local factors of the group- and hence the need to expect local adaptation


Another reference that may be of interest (or not as it covers the same ground) Graham ID and Harrison MB. Evaluation and adaptation of clinical practice guidelines. Evid Based Nurs. 2005 Jul;8(3):68-72.

4 P14- re discussion of ADAPTE- I believe that the ADAPTE group is actually independent of GIN although supported by GIN.

5 Here is a reference to the ADAPTE process http://meeting.jco.org/cgi/content/abstract/23/16_suppl/6094 and I am also under the impression that Beatrice Fervers et al have a publication is press describing their
adaptation process. It may also be of interest that Graham et al of the CPEAC and Fervers et al of the ADAPTE group have merged and retained the name ADAPTE. This group is finalizing a draft manual that will describe how to adapt guidelines and will be pilot testing the manual and the process shortly.

6 P15, 4th line- might be useful to also say why involvement of consumers is desirable (eg their values are important)

7 P15- further work, some thoughts on how GIN might be engaged in the process might be helpful

8 The official web address for the AGREE instrument should be provided- www.agreetrust.org

**What next?:** Accept after minor essential revisions

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.