Reviewer's report

Title: Guideline adaptation and implementation: a natural experiment

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Reviewer: Cheryl Stetler

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Overall this is an interesting study on an important topic and seemingly relates to a series of papers that have been published over the past few years related to the ADAPTE approach. It understandably reflects quite a complex and evolving set of activities and, in turn, this complexity poses challenges to succinctly describing the evaluation and its results. Again, in turn, this complexity is reflected in challenges to the reader as there is a lack of clarity for those unfamiliar with ADAPTE regarding various groups and study component references. There is also a great deal of detail, some of which perhaps could be placed in additional files.

- Major Compulsory Revisions:

1. There is considerable lack of clarity in use of terms, especially in the beginning and for the reader who has not been exposed to prior publications. For example, the following:

   a. What does adaptation mean and what are its limits in this context?
   b. What does “local” mean? For example on page 10: “locally, groups engaged a part-time internal facilitator” … presumably this person was a facilitator for one of the Cancer care groups; is that correct? Or does it mean, as it seemed later, that it means the clinical practice context of individual members of the group/s? Or…both?
   c. What is the difference or similarity of adaptation, customization and tailoring? Again, a clear definition of terms is needed.

2. A statement is made that guideline adaptation is essential, without a definition, explanation/rationale or evidence regarding this issue for the uninformed reader. These should be provided.
3. The core of this paper relates to the ADAPTE process. This should be included for reference, as an Additional file, if necessary; e.g., the Fervers et al 2010 Table 1: Steps in the adaptation process.

4. Methods section: This is clearly called a case study but there is also the natural experiment and its “intervention.” Within the narrative of the Methods section there should be more clarity about the CAN-ADAPTE study vs Case Series study: e.g., please clarify their relationship and related design issues.
   a. Are the “pan-Canadian study “objectives on page 9 for the CAN-ADAPTE or the Case Series?
   b. Does the Canadian Guideline Adaptation Study cover both the CAN-ADAPTE and Case Series?
   c. Please place the Guidelines Action Group therein.

5. Other method issues that need to be addressed:
   a. There should be a Limitations section.
   b. There needs to be more information on data analysis, its rigor and the trustworthiness of related observations/interpretations.

6. Results section:
   a. Under the Facilitation heading, there is no in-depth description of the experience of having external facilitators. As the objective appeared to reference both, more data should be provided.
      i. Was there an operational definition of facilitation and its expected components, at either level that could be or was used in evaluation; e.g., was the external role [albeit not discussed in the paper] evaluated based on explicit related expectations?
   b. Starting in the middle of page 16 and on the top of page 18, the narrative seemed to get confusing, perhaps because of sentence structure and the focus on detail (including wordy tables) rather than on more general themes.

- Minor Essential Revisions

1. Cancer care groups; please indicate the number of groups overall, number of volunteer groups including the 5 cases, and membership size.

2. Page 9: “context-specific approach as they operationalized their approach”: Does this relate to jurisdictional level?

3. Please clarify: When the term local is used, does it mean that the members of the cancer groups were formally linked, i.e., therein representing, their point-of-care organizations? My concern is whether there is evidence that national or regional “adapted” guidelines [vs. de novo national or regional guidelines] are sufficiently “localized” for real-time point-of-care end-users. Ergo, is there any difference when the adaptation guideline comes from a different level in terms of the “specific needs, priorities … scope of practice” at the lowest local level? This is especially problematic for me as this case study does not have any
evidence of actual use of the adapted guidelines at the point-of-care.

4. The meaning of the differently shaded lowest “B” circle is unclear in Figure 2… how is it iterative? What does “reached” mean? ...completed it?

5. Middle of page 19: Observations have been made that do not seem to be adequately substantiated and are rather only suggestive.

6. Not sure the “Moving beyond CAN-ADAPTE” should be included in the Results, as not part of objectives and would need more description to be useful. Seems better to just keep in the Discussion.

7. In the Discussion section: are these findings a surprise? Are there not other sources that reference/suggest/support or enhance the findings in terms of the need for education, knowledge, support, project management, group leadership, etc. in such a program?

8. How is the “catch-up phase” different from the “set-up phase” reported previously? Is it not theoretically integrated therein?

- Discretionary Revisions

1. And is it the evidence-based “guideline” or local processes/policies that need identification/adaptation in order to implement a guideline --- or both, per the lowest level local point-of-care gaps and context?

2. Sub-headings might be of use, e.g. under Facilitation and, within Methods, the addition of “Analysis.”

3. Do you have any reflections, in the context of related literature, regarding use of the term Facilitation or the Facilitator role at the internal level?

4. In terms of the reference to confusion on page 16: Consider what details [versus general themes] are essential in the narrative and perhaps make the details, including some tables, available in an additional file for those interested in such details of ADAPTE or for later reference.

5. Figure 2: I found the layout of Figure 2 confusing; i.e., the “call-to-action” phrase (an individual phase) seems to head the column relating to other phases.

6. Were there data re: the “external review” in terms of whether the adapted guidelines met assumed “expectations”/principles of the original ADAPTE: e.g., were adaptations sufficiently consistent with an original, sound evidence base? Would certainly strengthen perception/process-based data.

7. Was there any difference related to the national vs provincial jurisdiction level?

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

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

**Declaration of competing interests:**
I declare that I have no competing interests.