Reviewer's report

Title: Guidelines for the use of survivorship care plans: A systematic quality appraisal using the AGREE II instrument

Version: 2
Date: 17 February 2015
Reviewer: Joan Vlayen

Reviewer's report:

Major Compulsory Revisions
1. I don't agree with the removal or rewording of AGREE II items:
   - I do understand that SCPs are complex interventions, but also for these types of interventions, the link between evidence and recommendations should be explicit. Particularly in this case, the weak evidence base might in fact be the problem why SCPs are not frequently used.
   - Furthermore, by changing items, the validity of AGREE II is changed, so this should really be avoided.
   - Health benefits, side effects etc were considered not to be applicable to guidelines for SCP use, but still the authors use these kind of outcomes in the introduction section to support the use of SCPs.
2. The authors state in their conclusion: 'Our finding that SCP use guideline quality is low is consistent with that of Reames et al'. I believe this is an inconsistency in this article. The authors believe that not all AGREE II items are applicable to the SCP use guidelines, but do compare with clinical cancer guidelines where the full applicability of AGREE II is out of question. Furthermore, these conclusions are not really conclusions, but still part of the discussion, because new elements appear.
3. In general, the authors seem already to be convinced about the effectiveness of SCPs. However, the evidence that I saw is not convincing at all, and in fact mainly focused on breast cancer. If the authors are really believers, they should give stronger arguments in the introduction and/or discussion on why care providers should use SCPs. Again, the weak evidence base might be the reason for 'underuse'.
4. What I missed in the analysis is an overview of the actual recommendations, and how they relate to the AGREE II assessment. I cannot imagine that all identified guidelines recommended the same. Assessment with AGREE II does not tell you anything about the correctness of these recommendations, and I think the reader should be warned for that.

Minor Essential Revisions
5. In the introduction the authors say 'key survivor outcomes', I would say 'key patient-reported outcomes'.
6. How many reviewers scored the guidelines? Was it two (DC and LD) or three (also SB)?

7. Two out five recommended guidelines fail to have good scores om domain 3. I don't consider these guidelines to be of sufficient quality. Purely focusing on the 50% rules seems dangerous to me, and that's in fact why AGREE II does not provide rules about interpretation.

Discretionary revisions:

8. The G-I-N library was not searched: why?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**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