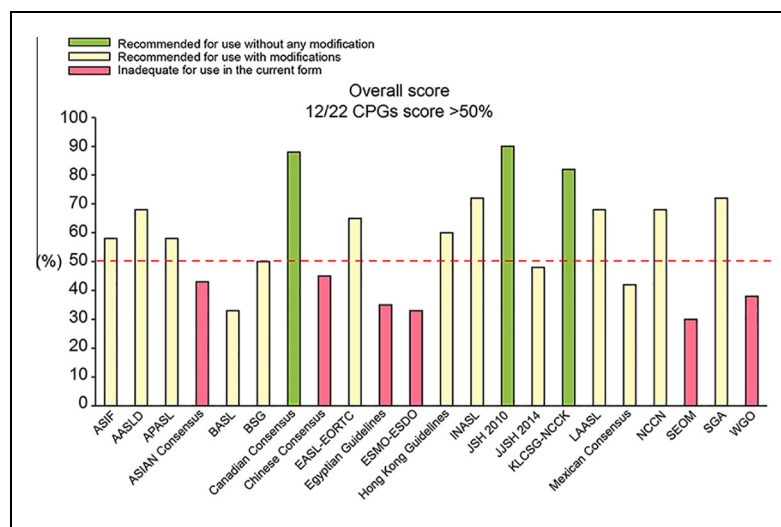


Evaluation of the current guidelines for resection of hepatocellular carcinoma using the Appraisal of Guidelines for Research and Evaluation II instrument

Graphical abstract



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Lay summary

The methodology of clinical practice guidelines for resection for hepatocellular carcinoma (HCC) evaluated with the Appraisal of Guidelines for Research & Evaluation (AGREE II) instrument is generally poor. However, there are some clinical practice guidelines that are based upon higher quality evidence and can form the framework within which patients with HCC can be selected for surgical resection. Future guideline development should be informed by the use of the AGREE II instrument.

Evaluation of the current guidelines for resection of hepatocellular carcinoma using the Appraisal of Guidelines for Research and Evaluation II instrument

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Background & Aims: Numerous guidelines for the management of hepatocellular carcinoma (HCC) have been developed. The Appraisal of Guidelines for Research & Evaluation (AGREE II) is the only validated instrument to assess the methodological quality of guidelines. We aim to appraise the methodological quality of existing guidelines for the resection of HCC using the AGREE II instrument.

Methods: Cochrane, Medline, Google Scholar and Embase were searched using both PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) criteria and free text. The assessment of the included clinical practice guidelines and consensus were performed using the AGREE II instrument, version 2013. Guidelines with a score $\geq 80\%$ for the overall appraisal item were considered as applicable without modifications.

Results: Literature searches identified 22 clinical practice guidelines. Five out of 22 guidelines passed the 70% mark on overall assessment, 11 out of 22 had shortcomings on indications, contraindications, side effects, key recommendations, technical aspects, transparency and health economics. Ten of 22 scored below the 50% mark showing that the guideline had low methodological and overall quality. Only 3/22 clinical practice guidelines were considered applicable without modifications.

Conclusions: The methodological quality of guidelines for the surgical management of HCC is generally poor. Future guideline development should be informed by the use of the AGREE II instrument. Guidelines based upon high quality evidence could improve stratification of patients and individualized treatment strategies.

Lay summary: The methodology of clinical practice guidelines for resection for hepatocellular carcinoma (HCC) evaluated with the Appraisal of Guidelines for Research & Evaluation (AGREE II)

instrument is generally poor. However, there are some clinical practice guidelines that are based upon higher quality evidence and can form the framework within which patients with HCC can be selected for surgical resection. Future guideline development should be informed by the use of the AGREE II instrument.

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Introduction

In 2011, the Institute of Medicine (USA) revised the 21-year-old definition of clinical practice guidelines as follows, "clinical practice guidelines are statements that include recommendations intended to optimize patient care that are informed by a systematic review of the evidence and an assessment of the benefits and harms of alternative care options".¹

The Appraisal of Guidelines for Research and Evaluation (AGREE II) instrument is the latest of more than 40 tools to appraise clinical practice guidelines.^{2,3} The refined AGREE instrument is the only clinical practice guidelines appraisal tool that has been developed and validated internationally, formally endorsed by several organizations including the WHO Advisory Committee on Health Research, and used by many groups that develop guidelines.^{4,5} Detailed information is available on the AGREE web site (www.agreetrust.org).

Hepatocellular carcinoma (HCC) is the sixth most common cancer and the second leading cause of cancer-related death worldwide.⁶ Numerous clinical practice guidelines exist that address the diagnosis, investigation and treatment of HCC. However, these clinical practice guidelines contain information that is conflicting and sometimes confusing beyond the acknowledged inconsistencies, because of geographical differences in biology, prevalence, outcome, and local resources.⁶ The validity of the recommendations of the various published clinical practice guidelines depends upon the quality of the methodology used to create them. There are various treatment options for patients with HCC. Surgical resection offers a chance for cure in patients with limited disease confined to

Keywords: Hepatocellular carcinoma (HCC); Clinical practice guidelines; Evidence based medicine; Appraisal of Guidelines for Research and Evaluation (AGREE II) instrument; Consensus.

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