Cebam Report

CAM Cancer Accreditation Report

Final report – January 2024

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No conflicts of interest reported

1. Introduction

CAM Cancer (Complementary Alternative Medicine for Cancer) is hosted by NAFKAM, Norway's National Research Center in Complementary and Alternative Medicine. CAM Cancer has an online database that contains the CAM Cancer summaries presenting the best available evidence regarding safety and efficacy of CAM in cancer care. This report concerns the accreditation of CAM cancer as producer of the CAM Cancer database.

Cebam, the Belgian Centre for Evidence Based Medicine, is responsible for the validation of clinical practice guidelines and other evidence-based practice (EBP) information used by Belgian health care professionals. A Cebam accreditation stands for a high standard quality label for EBP information in Belgium. The Cebam quality label is a prerequisite in Belgium for EBP information that is disseminated on the Belgian EBP platform called 'ebpracticenet.'

During the accreditation procedure, the methodological process underlying the EBP-information is first thoroughly evaluated. Second, a sample of the EBP-information is checked to ensure that the described methodological process was performed consistently.

Cebam designed and validated a tool for the assessment of trustworthiness of EBP-information, the CAPOCI tool[1] (Critical Appraisal of Point-Of-Care Information') which consists of 10 criteria.

The CAPOCI criteria are scored on a three-point ordinal scale with the categories "fulfilled", "minor remark" or "major remark". Conditions for awarding one of these three categories are predefined in the Cebam accreditation procedure. When major comments are retained after evaluation, this implies that the EBP-source cannot be accredited. If only minor comments are retained, a provisional accreditation can be granted, however, the minor remarks must be met within a predetermined period, after which a re-evaluation takes place.

If an EBP-source contains recommendations, three additional criteria, derived from the AGREE II instrument, are assessed to address the developmental process of the recommendations[2]. Because CAM cancer does not formulate recommendations, these three criteria were not evaluated in the current assessment.

This final report is based on the methodological information and evidence summaries on herbal treatments that are available on the CAM cancer website and based on the information obtained during the meeting between CAM cancer and Cebam on April 18th 2023 and email exchange of additional information afterwards.

[1] Lenaerts G et al. A Tool to Assess the Trustworthiness of Evidence-Based Point-of-Care Information for Health Care Professionals (CAPOCI): Design and Validation Study.; J Med Internet Res 2021 (23)10, e27174. https://www.jmir.org/2021/10/e27174

[2] For more information on the use of recommendations in EBP-sources, we refer to the Cebam memorandum: Use of recommendations in EBP-sources (see appendix 2).

2. Evaluation of CAM cancer methodology with the CAPOCI tool

i. The following information was taking into account for evaluation of the Cam cancer methodology:
- https://cam-cancer.org/en/about-cam-cancer
- https://cam-cancer.org/en/methodology
- Cam Cancer summary manual 2021.pdf
- COI declaration of all active authors

ii. The assessment of all CAPOCI criteria is commented below.

Criterion 1: Authorship. The authors must be referenced on the website, but not needed to be identified for each individual topic (clicking and searching may be necessary).

Assessment: fulfilled

Comments: /

Criterion 2: Expertise of the authors. The author team is qualified in the specific domain and can demonstrate their expertise at the request of Cebam.

Assessment: fulfilled

Comments: /

Criterion 3a: Literature search and surveillance. A systematic search strategy was used to search for source information.

Assessment: fulfilled

Comments: **/**

Criterion 3b: Literature search and surveillance. Systematic methods were used for selection of the evidence from the search.

Assessment: fulfilled

Comments: /

Criterion 4: Critical appraisal of the evidence. A critical appraisal has been implemented to assess the validity of the evidence used. The critical appraisal has to be scientifically robust and transparent. The critical appraisal assessment has informed the interpretation of the evidence.

Assessment: fulfilled

Comments: /

Criterion 5: Use of the best available evidence. The content of the EBP source should be based on the best available evidence, specific to the clinical question. Well-designed and conducted evidence synthesis documents, when available, are preferred above primary studies.

Assessment: fulfilled

Comments:/

Criterion 6: Citation of expert opinions. When expert opinions are cited, this must be clearly indicated in order to distinguish it from empirical evidence. Experts should be listed along with their professional designation, organization g and a conflicts of interest statement.

Assessment: fulfilled

Comments: /

Criterion 7: Review process. The scientific quality and the clinical applicability of the EBP source is assessed by peer reviewers.

Assessment: fulfilled

Comments: /

Criterion 8: Timeliness & updating. The frequency of updates is determined by the speed of developments in the field and is documented in the methodology. The content of the EBP source is checked and updated when new information is available. The date of first publication, the date of the last update and data on the next planned update are clearly displayed in the EBP source.

Assessment: fulfilled

Comments: /

Criterion 9: Conflict of interest. There is a formal policy on declaring and managing financial and non-financial conflicts of interest of the authors and other stakeholders. Possible conflicts of interest are reported.

Assessment: fulfilled

Comments: /

Criterion 10: Commercial support. It is clearly described to what extent commercial support was accepted for developing the content of the EBP source. The financier has no substantive input and

therefore no influence on the result or the content of the EBP source. When advertisements on websites are a source of income, this must be clearly stated on the site. A short description of the advertising policy is published on the site. Advertisements and other promotional material must be presented in such a way that visitors can clearly make the distinction between editorial content.

Assessment: fulfilled

Comments: /

3. Screening of four Cam Cancer evidence summaries on herbal treatments with the CAPOCI tool

After evaluation of the CAM Cancer methodology, four evidence summaries were screened to check the consistent implementation of the described methodology, again by assessing the CAPOCI criteria.

The following topics were screened:

- Curcumin
- Cannabis and cannabinoids
- Milk thistle (Silybum marianum)
- Echinacea

The results of the assessment are provided below per CAPOCI criterion. Additional comments are added to clarify our decision and/or to indicate whether further follow-up is required.

Criterion 1: Authorship. The authors must be referenced on the website, but not needed to be identified for each individual topic (clicking and searching may be necessary).

Assessment: fulfilled

Comments: /

Criterion 2: Expertise of the authors. The author team is qualified in the specific domain and can demonstrate their expertise at the request of Cebam.

Assessment: fulfilled

Comments: /

Criterion 3a: Literature search and surveillance. A systematic search strategy was used to search for source information.

Assessment: fulfilled

Comments: /

Criterion 3b: Literature search and surveillance. Systematic methods were used for selection of the evidence from the search.

Assessment: fulfilled

Comments: /

Criterion 4: Critical appraisal of the evidence. A critical appraisal has been implemented to assess the validity of the evidence used. The critical appraisal has to be scientifically robust and transparent. The critical appraisal assessment has informed the interpretation of the evidence.

Assessment: fulfilled

Comments: /

Criterion 5: Use of the best available evidence. The content of the EBP source should be based on the best available evidence, specific to the clinical question. Well-designed and conducted evidence synthesis documents, when available, are preferred above primary studies.

Assessment: fulfilled

Comments: /

Criterion 6: Citation of expert opinions. When expert opinions are cited, this must be clearly indicated in order to distinguish it from empirical evidence. Experts should be listed along with their professional designation, organization and conflicts of interest statement.

Assessment: fulfilled

Comments: /

Criterion 7: Review process. The scientific quality and the clinical applicability of the EBP source is assessed by peer reviewers.

Assessment: fulfilled

Comments: based on methodology

Criterion 8: Timeliness & updating. The frequency of updates is determined by the speed of developments in the field and is documented in the methodology. The content of the EBP source is checked and updated when new information is available. The date of first publication, the date of the last update and data on the next planned update are clearly displayed in the EBP source.

Assessment: fulfilled

Comments: /

Criterion 9: Conflict of interest. There is a formal policy on declaring and managing financial and non-financial conflicts of interest of the authors and other stakeholders. Possible conflicts of interest are reported.

Assessment: fulfilled

Comments: /

Criterion 10: Commercial support. It is clearly described to what extent commercial support was accepted for developing the content of the EBP source. The financier has no substantive input and therefore no influence on the result or the content of the EBP source. When advertisements on websites are a source of income, this must be clearly stated on the site. A short description of the advertising policy is published on the site. Advertisements and other promotional material must be presented in such a way that visitors can clearly make the distinction between editorial content.

Assessment: fulfilled

Comments: /

4. Conclusion

The evaluation of the CAM cancer methods and a screening of a limited number of evidence summaries on herbal treatments with the CAPOCI instrument by two methodologists showed that all CAPOCI criteria were met.

Cebam will therefore provide accreditation to CAM cancer as producer of the CAM cancer database. A Cebam accreditation is valid for a period of 5 years whereafter a review is needed. A digital quality label will be provided which can be used on the CAM cancer website.

Please contact gerlinde.lenaerts@cebam.be in case additional explanation is needed with respect to this report.

5. Appendix: Overview of assessments for each criterion

CAPOCI criteria	CAM Cancer methodology assessment	Screening of four CAM Cancer Evidence Summaries
1. Authorship. The authors must be referenced on the website, but not needed to be identified for each individual topic (clicking and searching may be necessary).	fulfilled	fulfilled
2. Expertise of the authors. The author team is qualified in the specific domain and can demonstrate their expertise at the request of CEBAM.	fulfilled	fulfilled
3a. Literature search and surveillance. A systematic search strategy was used to search for source information.	fulfilled	fulfilled
3b. Literature search and surveillance. Systematic methods were used for selection of the evidence from the search.	fulfilled	fulfilled
4. Critical appraisal of the evidence. A critical appraisal has been implemented to assess the validity of the evidence used. The critical appraisal has to be scientifically robust and transparent. The critical appraisal assessment has informed the interpretation of the evidence.	fulfilled	fulfilled
5. Use of the best available evidence. The content of the EBP source should be based on the best available evidence, specific to the clinical question. Well-designed and conducted evidence synthesis documents, when available, are preferred above primary studies.	fulfilled	fulfilled
6. Citation of expert opinions. When expert opinions are cited, this must be clearly indicated in order to distinguish it from empirical evidence. Experts should be listed along with their professional designation, organization g and a conflicts of interest statement.	fulfilled	fulfilled
7. Review process. The scientific quality and the clinical applicability of the EBP source is assessed by peer reviewers.	fulfilled	fulfilled
8. Timeliness & updating. The frequency of updates is determined by the speed of developments in the field and is documented in the methodology. The content of the EBP source is checked and updated when new information is available. The date of first publication, the date of the last update and data on the next planned update are clearly displayed in the EBP source.	fulfilled	fulfilled
9. Conflict of interest. There is a formal policy on declaring any managing financial and non-financial conflicts of interest of the authors and other stakeholders. Possible conflicts of interest are reported.	fulfilled	fulfilled
10. Commercial support. It is clearly described to what extent commercial support was accepted for developing the content of the EBP source. The financier has no	fulfilled	fulfilled

substantive input and therefore no influence on the result or the content of the EBP source. When advertisements on websites are a source of income, this must be clearly stated on the site. A short description of the advertising policy is published on the site. Advertisements and other promotional material must be presented in such a way that visitors can clearly make the distinction between editorial content.		

APPENDIX 1: Overview of the criteria used for certification of EBP-sources

CAPOCI CRITERIA	FULFILLED	MINOR REMARKS	MAJOR REMARKS
1. Authorship. The authors must be referenced on the website, but not needed to be identified for each individual topic (clicking and searching may be necessary).	Name and affiliations of all authors are mentioned.	Only a general description is available (e.g. of the editorial board).	There is no information available on the authors
2. Expertise of the authors. The author team is qualified in the specific domain and can demonstrate their expertise at the request of CEBAM.	The expertise of the author team is demonstrated.	The expertise of the author team is unclear.	There is no information available on the expertise of the authors team.

3a. Literature search and surveillance. A systematic search strategy was used to search for source information.	A systematic search strategy has been used to search for source information. This search strategy is described in detail in the EBP source.	The description is not sufficiently detailed to be able to assess, there are inaccuracies in the methodological process.	Literature search seems to be implemented, but there is no description of the process; Or, there is no information on how the literature search was done.
3b. Literature search and surveillance. Systematic methods were used for selection of the evidence from the search.	Systematic methods have been used to select the evidence from the results of the literature search. These methods are described in detail.	The description is not sufficiently detailed to be able to assess, there are inaccuracies in the methodological process	A systematic selection process seems implemented, but there is no description of the process; Or, there is no information on how this selection was done.
4. Critical appraisal of the evidence. A critical appraisal has been implemented to assess the validity of the evidence used. The critical appraisal has to be scientifically robust and transparent. The critical appraisal assessment has informed the interpretation of the evidence.	An adequate critical assessment of the quality of scientific evidence has been carried out, the procedure has been described in a transparent way. The critical assessment serves as a basis for the interpretation of the evidence.	The description is not sufficiently detailed to be able to assess, there are inaccuracies in the methodological process.	It is unclear whether a critical assessment of study data has taken place.
5. Use of the best available evidence. The content of the EBP source should be based on the best available evidence, specific to the clinical question. Well-designed and conducted evidence synthesis	The content of the EBP source is based on the best available evidence, specific to the clinical question. If available, well-designed and conducted evidence synthesis	The description is not sufficiently detailed to be able to assess, there are inaccuracies in the methodological process.	It is unclear whether the authors prioritize evidence synthesis documents over primary studies.

documents, when available, are preferred above primary studies.	documents are preferred over primary studies.		
6. Citation of expert opinions. When expert opinions are cited, this must be clearly indicated in order to distinguish it from empirical evidence. Experts should be listed along with their professional designation, organization g and a conflicts of interest statement.	It is clearly stated when expert opinions are cited, in order to distinguish it from empirical evidence. There is a description of the expertise of the experts, along with their professional affiliations, including a declaration of possible conflicts of interest.	The description is not sufficiently detailed to be able to assess. The expertise of the experts is unclear. Or, the affiliations and declaration of conflicts of interest are lacking.	It is unclear whether expert opinions are cited. Or, the distinction between expert opinion and empirical evidence is unclear.
7. Review process. The scientific quality and the clinical applicability of the EBP source is assessed by peer reviewers.	There is a detailed description of the review process of the scientific quality and the clinical applicability of the EBP source.	Only a general description of the review process is available (e.g. "information was reviewed by external reviewer").	There is no information available about the review process.

8. Timeliness & updating. The frequency of updates is determined by the speed of developments in the field and is documented in the methodology. The content of the EBP source is checked and updated when new information is available. The date of first publication, the date of the last update and data on the next planned update are clearly displayed in the EBP source.	The EBP source is frequently updated, in accordance with the developments in the field. The frequency of the updates is documented in the methodology. The date of first publication and last update can be found in the source, as well as information on the next planned update.	Updates are performed, but not sufficiently frequently, which means that the content may be out of date.	No information about updates, date of last update not displayed.
9. Conflict of interest. There is a formal policy on declaring any managing financial and non-financial conflicts of interest of the authors and other stakeholders. Possible conflicts of interest are reported.	Procedure for conflicts of interest has been implemented and documented (conflicts of interest should not be explicitly stated on the website, but the information must be able to be submitted to CEBAM for certification).	Conflict of interest procedure seems implemented, but not reported.	No information about conflicts of interest procedure available (conflicts of interest are not checked or reported).
10. Commercial support. It is clearly described to what extent commercial support was accepted for developing the content of the EBP source. The financier has no substantive input and therefore no influence on the result or the content of the EBP source. When advertisements on websites are a source of income, this must be clearly stated on the site. A	If commercial support is accepted, this is clearly and publicly announced and there is no influence of the financier on the content or the result of the EBP source.	Not applicable.	There is insufficient information to judge.

short description of the advertising policy is published on the site. Advertisements and other promotional material must be presented in such a way that visitors can clearly make the distinction between editorial content.			
Recommendations 1. Summary of the scientific evidence. The scientific evidence is summarized, including a description of the strengths and limitations of this evidence.	The summary of scientific evidence contains statements about: (1) The studies with their respective study designs on which a recommendation is based; (2) o The methodological quality of these studies, based on an assessment with a valid instrument; (3) o The benefits and harms of the action, based on the results of these studies. (This summary may appear in the methodological document, it does not necessarily have to be in the information source itself.)	The summary is incomplete; it lacks elements to reflect the strengths and limitations of the evidence.	There is no summary of the scientific evidence describing the strengths and limitations of this evidence.

Recommendations 2. Description of the 'Evidence to Decision' (EtD). The balance between the benefits and harms of the recommendation is reported, including other considerations (for example: costs, patient preferences, side effects, feasibility of applying the recommendation) that were taken into account in formulating the recommendation.	The balance between the benefits and harms of the recommendation has been explicitly described; other considerations (costs, patient preferences, side effects, feasibility of applying the recommendation) are reported.	The report of the balance between the benefits and harms of the recommendation contains inaccuracies or is incomplete. Other considerations were insufficiently described, so that the recommendation does not follow logically from the summary of the evidence.	There is no record of the balance between the benefits and harms of the recommendation.
Recommendations 3. Relationship between the recommendations and the evidence base. There is an explicit link between the recommendations and the underlying evidence.	The relationship between the scientific evidence and the recommendations is clear: the references are anchored in the text and it is clear which scientific evidence supports the recommendation.	The relationship between the scientific evidence and the recommendations is not sufficiently clear: e.g. the references are anchored in the text, but it is not clear which scientific evidence supports the recommendation.	The relationship between the scientific evidence and the recommendations cannot be assessed.

APPENDIX 2: Cebam Memorandum - use of recommendations in EBP-sources

1. Introduction

Within the EBP-life cycle, the Cebam validation unit has the task to evaluate the scientific quality and reliability of clinical practice guidelines and EBP-sources. The strategic plan of the EBP-network for the next five years, states that sufficient quality information has to be provided for the primary healthcare professions identified by the EBP-network. These include guidelines and EBP-sources.

From a methodological point of view and taking into account the differences between the development process of guidelines[3] and EBP-sources, Cebam wielded to date the rule that EBP - sources may not contain recommendations. However, we noticed that many EBP-sources also formulate recommendations and that opinions on this issue differ between various stakeholders.

Providing sufficient information for primary healthcare professions is one of the considerations to revise the condition regarding the use of recommendations in EBP-sources. EBP-sources can also guide actions taken by all healthcare professionals despite the lack of formal guidelines for certain healthcare professions. To obtain a proposal that is broadly supported, a survey has been conducted among various stakeholders within the EBP-network. As a result, Cebam decided that EBP-sources may include recommendations, if they meet minimum requirements. This decision and the corresponding minimum requirements are argued in this paper.

2. Guidelines versus EBP-sources

There is an important **methodological difference** between developing a EBP-source and developing a clinical practice guideline:

- A guideline:
  - is the result of a thorough scientific process in cooperation with all relevant disciplines and stakeholders?
  - makes recommendations for practice based on a systematic evaluation of the advantages and disadvantages and other considerations.
- An EBP-source:
  - consists of a critical discussion of the "best evidence" for a specific clinical question. This can be a systematic review of several scientific studies, or a guideline.
  - summarizes the evidence found.

Consequently Cebam uses different evaluation criteria for guidelines and EBP- sources. Cebam

[3] Dekker N, Goossens M, et al. Leidraad richtlijnontwikkeling. Antwerpen: WOREL, update januari 2021. https://www.ebp-guidelines.be

validates guidelines since 2002 on the basis of the AGREE II criteria[4,5]. Due to the expansion of the basic offer on Ebpracticenet with other EBP-sources than EBP guidelines, Cebam developed a procedure to certify EBP-sources[5,6]. The evaluation criteria for these two sources are specific to the scientific development process of these two sources

Recommendations developed for EBP-sources do not always have the same rigor of development as recommendations developed for guidelines. To make this distinction clear, we propose to indicate what type of recommendations are made in a general introduction of a document:

- **Guideline recommendations:** i.e. recommendations developed for guidelines
- **EBP-source recommendations:** i.e. recommendations developed for EBP-sources.

3. Requirements to formulate recommendations in EBP-sources

3.1. Definition of a recommendation

Recommendations[6]:

- are "statements" for or against an action of a healthcare professional;
- are intended to optimize patient care;
- are informed by:
    - a systematic search for and assessment of scientific evidence;
    - an assessment of the positive and negative effects in the scientific literature for this specific action;
    - a report of the other considerations that play a role in the process from scientific evidence to recommendation ("evidence to decision").

3.2. Conditions for defining a recommendation

EBP-sources **that contain recommendations**, must meet the **10 certification criteria** developed by Cebam for assessing EBP-sources[4,7] and **3 extra conditions**:

1. **There should be a summary of the scientific evidence,** including a description of the strengths and limitations of this evidence.

This summary includes:

- The studies with their respective study designs on which a

[4] https://www.cebam.be/validatie/toelichting-procedure

[5] AGREE Next Steps Consortium. Appraisal of Guidelines for Research & Evaluation (AGREE) II Instrument. AGREE Next Steps Consortium. AGREE II. Instrument voor de beoordeling van richtlijnen. Mei 2009. https://www.agreetrust.org

[6] Graham R, Mancher M, Miller Wolman D, Greenfield S, Steinberg E (eds). Clinical practice guidelines we can trust. Institute of Medicine (US) committee on standards for developing trustworthy clinical practice guidelines. Washington (DC): National Academies Press (US), 2011.

[7] Lenaerts G, Bekkering GE, et al. A Tool to Assess the Trustworthiness of Evidence-Based Point-of-Care Information for Health Care Professionals (CAPOCI): Design and Validation Study. J Med Internet Res. 2021 Oct 5;23(10):e27174. doi: 10.2196/27174.

recommendation is based;

- An assessment of the methodological quality of the studies with a valid instrument (*see Appendix for a list of tools and checklists by study design)*;
- A description of the results of these studies with the positive and negative outcomes of the action.

    - For example, an EBP-source describes the overall effects of breast cancer management for the different outcome measures. These effects may be positive on the one hand in terms of survival, quality of life, but negative on the other hand in terms of side effects.

2. The authors of the EBP-source make a report of the **balance between the benefits and harms** of the recommendation, including a description of **other considerations** (Eg. Costs, patient preferences, side effects, feasibility of the implementation of the recommendation), that played in formulating the recommendation, also called 'Evidence to Decision' (ETD).

    - For example, a treatment can only be provided in specialized centers (and not near a patient), or the cost of a treatment outweigh the benefits.

3. There has to be an **explicit link between the recommendations and the supporting evidence**. The relationship between the scientific evidence and the recommendations must be clear: not only by using in-text references, but also by reflecting the link between the recommendation and the scientific evidence in the evidence base.

3.3. Recommended formal requirements

3.3.1. Methodological handbook

In addition to these three conditions, the methodological handbook must contain a general description of the methods that have been used to develop the recommendations and to come to the final wording of the recommendation.

3.3.2. Indicating the strength of the recommendation

We also advise to indicate the strength of a recommendation and of the evidence:

- There is an evidence-based decision on the **strength of the recommendation** (weak

or strong). Ideally, the Grade-methodology[8,9] is used, but this is not an absolute requirement. Nevertheless, we recommend to use the GRADE formulation, i.e. '**strong recommendation "** (for or against an action), and '**weak recommendation '** (for or against an action).

- There is an evidence-based decision on the **certainty of the evidence** (level of evidence). Ideally, according to the GRADE methodology, but this is not an absolute requirement. Preferably, the strength of the evidence is indicated in a uniform way (high, medium, low, very low).
- The GRADE labels (GRADE 1A, 1B, 1C, or GRADE 2A, 2B, 2C) can only be used when the GRADE method has been followed thoroughly and is documented (*See checklist with criteria in the Handbook GRADE*[8,9]).

3.3.3. Good Practice Point

Under strict conditions, a good practice point (GPP) can be formulated:

A good practice point is a recommendation that is highly recommended for practice, but cannot be, or is only in a limited way, underpinned of by scientific evidence and that is therefore based on expert opinion and consensus[10].

Good Practice Points are justified if:

- There is only indirect evidence for a recommendation, but there is a clear rationale between the indirect evidence and the effect on important outcomes;
- Collecting, synthesizing and grading this indirect evidence would impose a heavy burden on time and resources;
- The message is needed to provide proper care;
- There is a clear advantage of the GPP (after consideration of the impacts on key outcomes and potential cascades) - this implies that only strong recommendations can lead to a GPP.

8

The Grade methodology is a uniform, transparent way to assess the quality of the scientific evidence (GRADE speaks of 'certainty' of evidence) and to formulate recommendations. This methodology is considered internationally as the gold standard.
- Bekkering T, et al. Handleiding GRADE. Leuven: Cebam, 2020. https://belgium.cochrane.org/en/information-resources

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- Guyatt GH, Oxman AD, Vist G, et al, for the GRADE Working Group. GRADE: an emerging consensus on rating quality of evidence and strength of recommendations. BMJ 2008;336:924-6.
- Guyatt GH, Oxman AD, Kunz R, et al, for GRADE Working Group. What is "quality of evidence" and why is it important to clinicians?
- Guyatt GH, Oxman AD, Kunz R, et al, for GRADE Working Group. Going from evidence to recommendations. https://doi.org/10.1136/bmj.39493.646875.AE

[10] Dekker N, Goossens M, et al. Leidraad richtlijnontwikkeling. Antwerpen: WOREL, update januari 2021. https://www.ebp-guidelines.be

3.3.4. Formulation of a recommendation

A recommendation expresses an advice that helps caregivers and patients to make a decision. The formulation of a recommendation reflects the strength of this recommendation:

- When the development group judges that the benefits of the action clearly outweigh the harms, or that the harms outweigh the benefits, a strong recommendation is formulated. The formulation is highly directive: "We recommend to," "Do ..." "Discuss..." "Treat with ..." .... Or "Do not take ..." "Do not ..." ("strong against").

  Examples:

  - In acute ear infections in children, always prescribe effective pain relief medication in terms of dosage and frequency.
  - Do not give antibiotics to children with acute otitis media without increased risk, severe illness or belonging to a subgroup with important beneficial effect. (= "Strong against")

- When the development group, based on the certainty of the scientific evidence and weighing the pros and cons of the action, considers that the advantages and disadvantages are roughly in balance or that there is an uncertainty about the size of the benefits and harms, a weak recommendation is formulated. The formulation is then conditionally weak directive: "We suggest to ..." "Consider ...".

  Example:
  - Consider an oral antibiotic in children over 6 months who have ear discharge at the first presentation of an episode of acute otitis media caused by a spontaneous eardrum perforation.

An EBP-source may cite without any changes a recommendation from another guideline. According certification criterion nr 4 "critical assessment of the evidence", the quality of the source guideline has to be assessed with AGREE II if the source guideline is not yet validated by Cebam or, the method used to develop the guideline is not yet accredited by Cebam.

The recommendations are adopted:

- verbatim, indicating the **organization** that has developed the guideline and **publication year**, as well as the complete citation in a footnote or endnote. The adopted recommendations can be translated, maintaining the original meaning.

  Examples of good formulations:
  - *"Parents should be advised to contact their healthcare professional if their baby is jaundiced, their jaundice is worsening, or their baby is passing pale stools."* Translation: "Adviseer ouders om contact met u op te nemen wanneer hun baby geel ziet, de geelheid verergert of hun baby bleke stoelgang maakt*" (NICE, 2015) (+*

reference to the source guideline in footnote or endnote: Postnatal care up to 8 weeks after birth, NICE Guidance, publication date in 2006, last updated in 2015).

- *"Een correct uitgevoerde en geïnterpreteerde spirometrie is het voorkeursonderzoek om bij een vermoeden van astma de aanwezigheid en de ernst van de luchtwegobstructie vast te stellen (GRADE 1C) (WOREL, 2020)"* (+ reference to the source guideline in footnote or endnote).

- If the recommendation from the source guideline does not specify GRADE, the recommendation is adopted verbatim, without GRADE label. The developer of the EBP-source is not allowed to apply the ETD and the GRADE steps to determine a GRADE.

Appendix to Cebam memorandum

The following table lists some commonly used tools to evaluate the methodological quality of common study designs.

Study design	**What checklist ?**
Guidelines	AGREE II - Appraisal of guidelines for research and evaluation
Systematic reviews	AMSTAR 2 - A Measurement Tool to Assess Systematic Reviews ROBIS - Risk of Bias in Systematic Reviews JBI – The Joanna Briggs Institute - Critical appraisal checklist for systematic reviews and research syntheses
RCT (randomized intervention studies)	Cochrane Risk of bias tool JBI - The Joanna Briggs Institute - Critical appraisal checklist for RCTs
Non-randomized intervention studies	ROBINS-I - Risk Of Bias In Non-randomised Studies - of Interventions tool
Diagnostic studies (for diagnostic accuracy)	QUADAS-2 - Quality Assessment of Diagnostic Accuracy Studies tool
Prognostic studies (for prognostic factors)	QUIPS - Quality In Prognosis Studies

For a more comprehensive overview, please refer to:

Ma et al. Methodological quality (risk of bias) assessment tools for primary and secondary medical studies: what are they and which is better? Military Medical Research 2020; 7:7; https://doi.org/10.1186/s40779-020-00238-8