Table 1. Clinical Practice Guideline Methodology: AGREE II CHECKLIST[21, 33]

AGREE II	Reporting Criteria	Planned Guidelines Protocol
Domain 1: Scope and Purpose		
1. Guideline Objectives	Health intent, expected benefit and targets	• To provide information and recommendations for women and their physicians when making decisions about the diagnosis, prevention/ risk reduction, management and outcomes related to BCRL in women
2. Questions	Target population Interventions/ exposures Outcomes Context	• Women with breast cancer with/ at risk of developing lymphedema • Diagnosis, risk reduction, management and outcomes • Improve the care of women with BCRL; focus on self-management • Canadian Healthcare system
3. Population	Target population Clinical condition Severity of disease	• Adult women with breast cancer and their physicians • Breast cancer – from diagnosis to palliative stages • Lymphedema – all stages and severity of the condition
Domain 2: Stakeholder Involvement		
4. Group membership	Participants Membership expertise Institutions/ organizations Geographical location Members' roles	• Guideline Development Group: Researchers, clinicians, specialist and patient representatives from across Canada. • Partners: Canadian Physiotherapy Association Oncology Division, CancerControl Alberta's Guideline Resource Unit (GURU) and the Canadian Lymphedema Framework • Member roles will be defined and shared.
5. Target population preferences and views	Patients' views and preferences	• Patient representatives on Guideline Development Group • Literature review of patient values and preferences • Survey, focus groups and consultation with patient groups
6. Target Users	Intended audience Use of guidelines	• Physicians as well as women with, and at risk of breast cancer related lymphedema • Inform clinical decisions and standards of care
Domain 3: Rigour of Development		
7. Search methods	Electronic databases; time periods of searches; search strategy	• MEDLINE, PubMed, EMBASE, SCOPUS, CINAHL, Dissertation Abstracts, PEDro, Occupational Therapy Systematic Evaluation of Evidence, EBM Reviews, Agency for Healthcare Research and Quality, and the National Guideline Clearing House • Guidelines and Systematic Reviews: last 5 years; RCTs: 2000-present • Further details on the search terms and strategy are provided in Appendix A

8. Evidence selection criteria	Target population; study design; outcomes; languages	• Breast cancer related lymphedema • Clinical Practice Guidelines; Systematic Reviews; Cross-sectional studies (diagnosis); Cohort Studies (prognosis); RCTs (treatment/ management) • Diagnosis/assessment; risk reduction/ prevention; management/treatment; outcomes/ surveillance • No language restrictions
9. Strengths and limitations of evidence	Study methodology to evaluate quality	• Clinical Practice Guidelines: AGREE II appraisal; Systematic Reviews: AMSTAR; Cross-sectional studies: AXIS Tool; Cohort Studies: Newcastle-Ottawa Scale; RCTs: risk of bias • Rating of evidence: Creation of tables reflecting: Grading of Recommendations, Assessment, Development and Evaluation (GRADE): Tables detailing the level of evidence, consistency of results, direction of results, magnitude of benefit (versus harm) and applicability to practice context in Canada will be developed
10. Formulation of recommendations	Recommendation development process	• Use of ADAPTE for incorporating recommendations from existing guidelines. • Non-contentious findings: Voting of Steering Committee in the situation where the level of evidence and benefit/harm is established, findings are consistent across studies, and the recommendation is applicable to the Canadian context • Contentious findings or in case of no evidence: stakeholder consensus on recommendation or explanation of reasons if consensus cannot be reached
11. Consideration of health benefits, side effects and risks	Data supporting benefits, harms/ side effects, balance of benefits/ harms	• Tables will be developed to outline the benefits and risks • Recommendations will consider the balance between benefits/ risks as appropriate
12. Link between recommendations and evidence	Link between evidence and recommendations	• The recommendations will be supported by the level of evidence, extent of the evidence (total number of studies and total number of subjects), direction of effect, magnitude of effect, and where possible, with consideration given to the stage and severity of lymphedema
13. External review	Purpose and intent of external review	• Feedback from external experts and stakeholder groups will be solicited to improve the CPG quality, and to obtain feedback on the draft recommendations
14. Updating procedure	Statement on when the CPG will be updated	• The steering group will determine the timeline and outline criteria for future updates
Domain 4: Clarity of Presentation		
15. Specific and unambiguous recommendations	Recommendations are specific with circumstances and relevant populations identified	• Recommendations will be presented with a clear purpose and in an actionable statement format • Areas of uncertainty, and those requiring further research will be identified • A lay summary of the findings will be shared with stakeholder groups

16. Management options	Describe management options for the condition	• Management options will be articulated given the Canadian Healthcare context, and the focus on self-management of lymphedema
17. Identifiable key recommendations	Easily identified key recommendations	• Key recommendations will be highlighted in an executive summary • Algorithms and flow charts will be created to highlight findings
Domain 5: Applicability		
18. Facilitators and barriers to application	Description of the facilitators and barriers to the CPG's application	• Information on barriers and facilitators to the CPG will be sought at the draft CPG stage • The CPG will be evaluated in Alberta Canada prior to national implementation
19. Implementation advice/tools	Tools to support application of the CPG	• Materials will be created to support CPG implementation • Short videos will be created for healthcare professionals and patients – videos will be housed on the Oncology Division of the Canadian Physiotherapy Association and Canadian Lymphedema Framework websites.
20. Resource implications	Potential resource implications of recommendations	• Where possible, costs related to diagnosis and management will be collected • Costs will be considered within the Canadian context
21. Monitoring/ auditing criteria	Provide auditing criteria	• Operational definitions will be determined to inform auditing and measurement of impact
Domain 5: Editorial Independence		
22. Funding body	Influence of funding body on guideline recommendations	• Initial funding for the stakeholders meeting was received from the Oncology Division of the Canadian Physiotherapy Association • The CPG will be completed without influence from any funding body
23. Competing interests	All group members must declare competing interests	• All CPG guideline members will be required to provide written documentation declaring any competing interests • Individuals associated with industry, private business or declaring other competing interests that could influence the guideline process or development will not be eligible to participate