



Appendix A: Guideline Development Methodology

The BC Guideline, *Suspected Lung Cancer in Primary Care*, was developed by a working group of practicing BC physicians and was based on the [ADAPTE Collaboration guideline](#) adaption methodology. Clinical recommendations were developed based on the sourced guideline, an updated systematic search of the clinical literature, as well as expert clinical consensus where evidence was insufficient or unavailable. The source guideline was chosen following an environmental scan of internationally available guidelines. Inclusion criteria for potential adaptation included guidelines published after 2013 and a systematic review of the literature that included at least one outcome of interest. Guidelines were chosen for adaptation following an evaluation using the [AGREE tool](#).

The recommendations in this guideline were adapted with permission from Cancer Care Ontario's Program in Evidence Based Care, *Referral of Suspected Lung Cancer by Family Physicians and Other Primary Care Providers*.²⁹ This guideline includes a systematic review of the evidence addressing specific clinical questions, which builds upon and expands Cancer Care Ontario's evidence strategy, to address the signs, symptoms, and referral process for patients presenting to primary care with suspected lung cancer.

Clinical databases searched included MEDLINE (OVID, 2018 June–2020 May 15) and Embase (OVID, 2018 week 22–2020 week 20) which included the Cochrane Library, for clinical questions related to the signs, symptoms, risk factors, testing, and referral of suspected lung cancer. Additionally, a full literature search was completed to address diagnosis and treatment-related challenges and opportunities in lung cancer. Databases searched included MEDLINE (OVID, 1946–2020 Aug 18), and Embase (OVID, 1974 week 1–2020 week 34) including the Cochrane Library. A full literature search was completed to address the appropriate information to communicate throughout the patient journey, including at referral and other transitions in care. Databases searched included MEDLINE (OVID, 1946–2020 Aug 28), and Embase (OVID, 1974 week 1–2020 week 35) including the Cochrane Library. No attempt was made to search unpublished literature. The evidence strategy was completed by one reviewer, and a formal risk of bias assessment was not done for included studies unless previously completed as part of published systematic reviews. The complete search strategy, clinical questions, outcomes of interest, and inclusion/exclusion criteria are available upon request by contacting the BC Cancer Primary Care Program (Family Practice Oncology Network).

The guideline development process included significant engagement and consultation with primary care providers, specialists and key stakeholders, including with BC's Agency of Pathology and Laboratory Medicine, BC Cancer Screening & Prevention Program, BC Cancer Lung Tumour Group, and the Ministry of Health Lifetime Prevention Schedule Expert Committee. For more information about the GPAC engagement and consultation process, refer to the [GPAC handbook](#) available at [BCGuidelines.ca](#).