



Appendix A: Guideline Development Methodology

The BCGuideline, *Prostate Cancer – Part 1: Diagnosis and Referral in Primary Care*, was developed by a working group of practicing BC physicians, based on the ADAPTE Collaboration guideline adaption methodology.¹ Clinical recommendations were developed based on the sourced guidelines, an updated systematic review of the clinical literature, as well as expert clinical consensus where evidence was insufficient or unavailable.

The source guidelines were chosen following an environmental scan of internationally available guidelines. Inclusion criteria for potential adaptation included guidelines published after 2010 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.²

The recommendations in this guideline were adapted with permission from Cancer Care Ontario's Program in Evidence Based Care, *Referral of Suspected Prostate Cancer by Family Physicians*.³

This guideline includes a systematic review of the evidence addressing specific clinical questions and expands upon Cancer Care Ontario's evidence strategy, which addressed the primary care management and follow-up of prostate cancer in symptomatic men. Clinical databases searched included MEDLINE (OVID, 2016 Sept 01–2017 Nov 05) and Embase (OVID, 2016 week 41–2017 week 45), which included the Cochrane Library, for clinical questions related to the referral of suspected prostate cancer. The databases MEDLINE (OVID, 2014 September 01–2017 Dec 01) and Embase (OVID, 2014 week 33–2017 week 47), for questions related to follow-up in men after curative treatment for prostate cancer. Additionally, a full literature search was completed to address investigation of prostate cancer in asymptomatic men. Databases searched included MEDLINE (OVID, 2000 Jan 01–2016 Aug 31), and Embase (OVID, 2000 week 1–2016 week 40). No attempt was made to search unpublished literature. 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, the Population Oncology and the Genitourinary Tumour Groups at BC Cancer, and the Ministry of Health Lifetime Prevention Schedule Expert Committee. For more information about GPAC guideline development processes, refer to the [GPAC handbook](#) available at [BCGuidelines.ca](#).

► References

1. ADAPTE Collaboration. ADAPTE Resource Toolkit for Guideline Adaptation. Version 1.0: 2007. [Internet]. Available from: <https://g-i-n.net/document-store/working-groups-documents/adaptation/adapte-resource-toolkit-guideline-adaptation-2-0.pdf/view>.
2. AGREE Next Steps Consortium. The AGREE II Instrument [Electronic version]. [Internet]. 2017 [cited 2018 Aug 29]. Available from: <http://www.agreetrust.org>.
3. Young S, Bansal P, Vella E, Finelli A, Levitt C, Loblaw A. Prostate Cancer Referral Expert Panel. Referral of suspected prostate cancer by family physicians and other primary care providers. Bansal P, Brown J, reviewers. Toronto (ON): Cancer Care Ontario; 2012 Oct 31 [ENDORSED 2016 Dec 19]. Program in Evidence-based Care Evidence-based Guideline No.: 24-3 Version 2 ENDORSED. [Internet]. Available from: <https://archive.cancercare.on.ca/common/pages/UserFile.aspx?fileId=252606>.