

**AMERICAN COLLEGE OF CHEST PHYSICIANS  
HEALTH AND SCIENCE POLICY COMMITTEE**

**CLINICAL PRACTICE GUIDELINE REVIEW FORM**

The American College of Chest Physicians Health and Science Policy Committee (HSP) would like your comments regarding the attached draft clinical practice guideline. The goal of this review is to assess the quality of the guideline, taking into account benefits and harms associated with the recommendations, as well as practical issues related to implementation. Please check the appropriate boxes on the form and, if you have additional comments or concerns, list them on the grid that is included with this form. Comments provided on the grid are particularly important since they can provide additional references to justify recommendations in the guideline.

**Thank you.**

**GUIDELINE TITLE:**

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**NAME OF ACCP REVIEWER** (include Committee or NetWork affiliation):

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*This section of the evaluation should evaluate the draft guideline in terms of methodology, clarity of recommendations, and available evidence to support the recommendations, as well as the applicability of the recommendations in practice. Please use the grid for specific comments.*

**OVERALL OUTLINE OF THE PRACTICE GUIDELINE**

1. The objectives of the guideline and specific clinical questions are clearly stated in the practice guideline.  
 YES    NO
  
2. Inclusion and exclusion criteria are clearly described.  
 YES    NO
  
3. The intended users of the guideline are appropriately stated.  
 YES    NO

See specific comments on the attached grid.

## **METHODOLOGY**

4. A described, methodology was used to develop the practice guideline.  
 YES  NO  Can't Tell
5. A systematic review of the literature was conducted.  
 YES  NO  Can't Tell
6. Evidence was graded using a formal system.  
 YES  NO  Can't Tell
7. Recommendations were based on evidence and evaluation of benefit and harm.  
 YES  NO  Can't Tell

See specific comments on the attached grid.

## **PRESENTATION OF RECOMMENDATIONS**

8. Recommendations are specific and easy to comprehend.  
 YES  NO
9. The patient population is specifically described.  
 YES  NO
10. Key recommendations are clearly identifiable in the practice guideline.  
 YES  NO
11. A summary of recommendations is provided. [Clinical algorithms may be included.]  
 YES  NO

See specific comments on the attached grid.

## **APPLICABILITY TO PRACTICE**

12. Does the practice guideline provide strategies for implementing the recommendations?  
 YES  NO
13. Is specific information included on how to use the guideline in clinical practice?  
 YES  NO

See specific comments on the attached grid.

### **ACCOUNTABILITY**

14. Were funding bodies identified in the practice guideline? (If multiple chapters, refer to the methodology chapter.)

YES  NO

15. Did all members of the guideline development entity disclose potential conflict of interest and was this explicitly stated?

YES  NO

See specific comments on the attached grid.

### **RELEVANCE AND READABILITY**

16. Is it clinically relevant?

YES  NO

17. Is it readable?

YES  NO

18. Does it make sense?

YES  NO

19. Does the discussion flow from the evidence (where it exists)?

YES  NO

20. Do the recommendations flow from the discussion?

YES  NO

See specific comments on the attached grid.

### **REVIEW STATUS**

21. Would this document receive approval to represent the ACCP?

I approve this document as is.

I approve pending considerations of suggestions as indicated (additional comments may be provided on the grid).

I do not approve (see comments as indicated and specified on grid).

Comments should be accompanied by citations from the literature to provide justification.

PAGE	LINE	COMMENT	JUSTIFICATION