Appendix 2 (as supplied by the authors): Assessment of C-CHANGE Guidelines using AGREEII	
AGREE II Item	**Guideline Details**
Domain 1. Scope and Purpose	
1. The overall objective(s) of the guideline is (are) specifically described	The C-CHANGE guidelines process provides evidence-based recommendations for health care providers, with the ultimate goal of improving the prevention and treatment of cardiovascular disease in Canada. The C-CHANGE guidelines are a harmonized subset of the recommendations from eight guidelines groups including: 1. Canadian Action Network for the Advancement and Adoption of Practice Informed Tobacco Treatment 2. Canadian Association of Cardiac Rehabilitation, 3. Canadian Cardiovascular Society, 4. Canadian Diabetes Association, 5. Canadian Hypertension Education Program, 6. Canadian Society for Exercise Physiology, 7. Heart and Stroke Foundation Canadian Stroke Best Practice Recommendations 8. Obesity Canada
2. The health questions(s) covered by the guideline is (are) specifically described.	These are described in each guideline section (e.g. body habitus; diet, sodium and alcohol intake; risk factor screening; diagnostic strategies; risk stratification; treatment targets; pharmacological and/or procedural therapy arranged by subsection). Health questions are selected for inclusion based upon their importance to cardiovascular disease prevention and treatment and also based upon the availability and quality of the underlying evidence. Important health questions for which there are no data to inform a recommendation may not be included.
3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.	The guideline is primarily meant to apply to adult Canadians who are at risk for or who have cardiovascular disease.

Appendix to: Tobe SW, Stone JA, Walker KM, et al. Canadian Cardiovascular Harmonized National Guidelines Endeavour (C-CHANGE): 2014 update. *CMAJ* 2014. DOI: 10.1503/cmaj.140387.

Domain 2. Stakeholder Involvement	
4. The guideline development group includes individuals from all the relevant professional groups.	The C-CHANGE Guideline Panel is a multidisciplinary sub-group of the C-CHANGE Initiative. Members must be volunteers in their organizations, have an academic appointment in a Canadian institution, and be experts in their field based on peer reviewed publications. Volunteer members are representatives from one of the eight guidelines groups. The panel also consists of family physicians, medical specialists, nurses, pharmacists, and an exercise physiologist working to ensure harmonization of recommendations between organizations.
5. The patients' views and preferences have been sought.	Currently, no formal mechanism is in place but ways to incorporate patients' views and preferences are being considered for future iterations, including a patient-friendly version of the guidelines.
6. The target users of the guideline are clearly defined.	The C-CHANGE guidelines was initiated to harmonize the evidence and recommendations on the prevention and treatment of cardiovascular disease. The intended audience for the guidelines includes primary care providers who manage patients with more than one comorbidity. A version of the harmonized guidelines and related educational resources designed for health care professionals is available through the C-CHANGE Clinical Resource Centre at: http://www.c-changecrc.ca
Domain 3. Rigour of development	
7. Systematic methods were used to search for evidence.	The guidelines were developed from different organizations through multiple processes, using different evidence-grading systems. Several approaches (evidence-based recommendations, consensus based recommendations and expert opinion) were used to ensure that high-quality evidence and buy-in were part of all processes. C-CHANGE worked with the individual guidelines groups to ensure they had sufficient methodologists who were expert in critical appraisal and free from conflicts of interest to help assess the evidentiary strength of recommendations.

8. The criteria for selecting the evidence are clearly described.	Cardiovascular morbidity and mortality and total mortality outcomes are prioritized. According to C-CHANGE policy, a drug treatment recommendation is included if sufficient randomized controlled trials with hard outcomes and acceptable methodology are available; screening and diagnostic recommendations require longitudinal studies associating the test with a hard outcome; and lifestyle recommendations are included if based on randomized controlled studies with surrogate outcomes (i.e. blood glucose or blood pressure levels).
9. The strengths and limitations of the body of evidence are clearly described.	Each of the guidelines groups approaches the assignment of evidentiary strength slightly differently. The CCS Dyslipidemia Guidelines uses the GRADE system while other groups have their own methods. All groups focus on guidelines with a strong intent as defined by NICE. Any recommendation made by the group of experts would be based on consensus in the absence of suitable clinical trials, and would be considered strong intent even if the evidence base is weak. Guidelines groups use the consensus recommendations sparingly due to risk of bias.
10. The methods for formulating the recommendations are clearly described.	The panel first updates the existing C-CHANGE recommendations to be consistent with those updated by the individual guidelines groups. All of the updated recommendations are reviewed to determine inclusion in C-CHANGE. Any duplications or redundancies in recommendations are removed. Each of the guidelines groups are asked to review and endorse the final C-CHANGE recommendations.
11. The health benefits, side effects, and risks have been considered in formulating the recommendations.	These are recommendation specific. Additional details are provided in the text following each new recommendation.
12. There is an explicit link between the recommendations and the supporting evidence.	The eight core guidelines groups used different systems of grading evidence, the levels of evidence and recommendation grades have not been included for simplicity to avoid confusion for users. Specific levels and grades of evidence linked to each recommendation can be found in the guideline from which they originated.

13. The guideline has been externally reviewed by experts prior to its publication.	External primary care experts review the draft recommendations prior to publication. External peer reviewers are selected by the CMAJ prior to publication.
14. A procedure for updating the guideline is provided.	An integrated review cycle is initiated immediately following the update of guidelines by the Canadian Diabetes Association, the Canadian Cardiovascular Society Guidelines for Dyslipidemia, the Canadian Best Practice Recommendations for Stroke Care and the Canadian Hypertension Education Program. The previous C-CHANGE recommendations were circulated to representatives from the eight guidelines groups to identify any changes made during the update process. Working groups were developed to ensure that shared guidelines have the same wording in each guideline group.
Domain 4. Clarity of Presentation	
15. The recommendations are specific and unambiguous.	The recommendations are presented in tables grouped into recommendations for all adults, and then for adults with particular comorbidities. There are no diagnostic strategies or pharmacological recommendations that are directed to 'all' adults.
16. The different options for management of the condition or health issue are clearly presented.	The guidelines cover the spectrum of cardiovascular disease prevention and treatment including risk factor screening, diagnostic strategies, risk stratification, treatment targets, pharmacological and/or procedural therapy and lifestyle recommendations.
17. Key recommendations are easily identifiable.	Recommendations are stated explicitly and are separated from background text.
Domain 5. Applicability	
18. The guideline describes facilitators and barriers to its application.	The C-CHANGE Knowledge Translation (KT) sub-group is responsible for the implementation and dissemination of the guidelines, with the goal to enhance uptake and applicability of the recommendations. The KT efforts include a continuing education 'Train the Trainer' program, knowledge exchange forums, accredited provider education and patient education which are informed by needs assessments.

19. The guideline provides advice and/or tools on how the recommendations can be put into practice.	A version of the C-CHANGE harmonized guidelines has been developed for providers and public education. Educational resources are available though the C-CHANGE Clinical Resource Centre at: http://www.c-changecrc.ca and *C-CHANGEinme*^{TM} for patient and public education at: http://www.cchangeinme.com. A mobile application has been developed to provide health care professionals with a quick reference tool on the recommendations.
20. The potential resource implications of applying the recommendations have been considered.	C-CHANGE currently does not take economic considerations into account when drafting recommendations. Some of the individual guideline groups (example: the Canadian Best Practice Recommendations for Stroke Care), describe system implications.
21. The guideline presents monitoring and/ or auditing criteria.	C-CHANGE does not have a formal process at this time. Individual guideline groups (example: the Canadian Best Practice Recommendations for Stroke Care), describe system implications.
Domain 6. Editorial Independence	
22. The views of the funding body have not influenced the content of the guideline.	The members of the Guideline Panel are unpaid volunteers who contribute their time and expertise to the development and dissemination of the guidelines. To maintain professional credibility of the content, the process for the development of the recommendations is independent and free from external influence.
23. Competing interests of guideline development group members have been recorded and addressed.	Members of the Guideline Panel disclose potential conflicts of interest, addressing economic and academic conflicts. Members with potential conflicts of recuse themselves from voting on specific recommendations.
AGREE II was used to assess the C-CHANGE Guidelines 2013. Source: AGREE Next Steps Consortium (2009). *The AGREE II Instrument* [Electronic version]. Retrieved November, 6, 2013, from http://www.agreetrust.org . One of the authors (DH) reviewed the C-CHANGE guidelines and process according to the AGREEII tool and the result was circulated and reviewed by the guideline panel.	